

**FINANCIAL SERVICES COMMISSION**  
**Office of Insurance Regulation**  
**Materials Available on the Web at:**  
<http://www.floir.com/Sections/GovAffairs/FSC.aspx>

**February 2, 2021**

**MEMBERS**  
**Governor Ron DeSantis**  
**Attorney General Ashley Moody**  
**Chief Financial Officer Jimmy Patronis**  
**Commissioner Nicole “Nikki” Fried**

**Contact: Allison Sitte**  
**(850-413-5005)**

9:00 A.M.  
LL-03, The Capitol  
Tallahassee, Florida

<b>ITEM</b>	<b>SUBJECT</b>	<b>RECOMMENDATION</b>
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| <p>1.</p> | <p>Request for Approval of Minutes of the Financial Services Commission for September 22, 2020.</p> |  |
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**(ATTACHMENT 1)**

**FOR APPROVAL**

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| <p>2.</p> | <p>Request for Approval for Publication and Final Adoption of Rules 69O-196.001; .005; .007; .009; .015; .021; .023; .025; .035; Standard Cancellation Notice; Filing Surety Bond in Lieu of Net Worth; Annual Reports; Other Reports and Corrective Action Plans; Forms Incorporated by Reference; Premium Financing of Products Not Regulated by the Insurance Code and Related Unfair Trade Practices Prohibited; Disclosure Requirements for Insurance Coverages Financed With Personal Injury Protection; Insurance Agent Penalties; Statement of Account; Receipts; Required Books and Records</p> |  |
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69O-196.001 is amended to change grammar and add rulemaking authority. 69O-196.005 is amended to update the Office’s website information. 69O-196.007 is amended to update the annual reports requirements. 69O-196.009 is amended to change “certificate of authority” to “license” and add rulemaking authority. 69O-196.015 is amended to include all applications for premium finance companies in one rule. 69O-196.020 is amended to make references to the Florida Insurance Code consistent. 69O-196.021 is amended to incorporate the financing disclosure form. 69O-196.035 is amended to create a new subsection. 69O-196.023 and 69O-196.025 are repealed.

**(ATTACHMENT 2) APPROVAL FOR PUBLICATION OF PROPOSED RULE AND FOR FINAL ADOPTION IF NO MEMBER OF THE PUBLIC TIMELY REQUESTS A RULE HEARING OR IF A HEARING IS REQUESTED AND NO NOTICE OF CHANGE IS NEEDED.**

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| <p>3.</p> | <p>Request for Approval for Publication and Final Adoption of Rules 69O-198.001; .002; .005; .010; .011; .012; .013; .015; Purpose; Scope; Financial Requirements; License Continuance; Application for and Issuance of License; Annual Statement; Change in Corporate or Business Name; Forms Incorporated by Reference</p> |  |
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69O-198.001, 69O-198.002, 69O-198.010, and 69O-198.015 are repealed. 69O-198.005, F.A.C., is amended to update the financial requirements. 69O-198.011 is amended to combine all application requirements in a single rule. 69O-198.012 is amended to update the annual statement requirements. 69O-198.013 is created since this notification requirement will be removed from 69O-198.011.

**(ATTACHMENT 3) APPROVAL FOR PUBLICATION OF PROPOSED RULE AND FOR FINAL ADOPTION IF NO MEMBER OF THE PUBLIC TIMELY REQUESTS A RULE HEARING OR IF A HEARING IS REQUESTED AND NO NOTICE OF CHANGE IS NEEDED.**

4. Request for Approval for Publication and Final Adoption of Rules 69O-199.001; .005; .008; .010; .012; .015; Purpose and Scope; Financial Requirements Regarding the Funded, Unearned Premium Reserve Account; General Eligibility Requirements; License Renewal; Annual Statement; Forms Incorporated by Reference

69O-199.001, 69O-199.010, and 69O-199.015 are repealed. 69O-199.005, F.A.C., is amended to update the financial requirements. 69O-199.008 is amended to combine all application requirements in a single rule. 69O-199.012 is amended to update the annual statement requirements.

**(ATTACHMENT 4) APPROVAL FOR PUBLICATION OF PROPOSED RULE AND FOR FINAL ADOPTION IF NO MEMBER OF THE PUBLIC TIMELY REQUESTS A RULE HEARING OR IF A HEARING IS REQUESTED AND NO NOTICE OF CHANGE IS NEEDED.**

5. Request for Approval for Publication and Final Adoption of Rules 69O-201.001; .005; .008; .010; .012; .015; Purpose and Scope; Financial Requirements Regarding the Unearned Premium Reserve Liability Account and the Deposit or Bond; General Eligibility Requirements; License Continuance; Annual Statement and Quarterly Reports; Forms Incorporated by Reference

69O-201.001, 69O-201.010, and 69O-201.015 are repealed. 69O-201.005, F.A.C., is amended to update the financial requirements. 69O-201.008 is amended to combine all application requirements in a single rule. 69O-201.012 is amended to update the annual statement requirements.

**(ATTACHMENT 5) APPROVAL FOR PUBLICATION OF PROPOSED RULE AND FOR FINAL ADOPTION IF NO MEMBER OF THE PUBLIC TIMELY REQUESTS A RULE HEARING OR IF A HEARING IS REQUESTED AND NO NOTICE OF CHANGE IS NEEDED.**

6. Request for Approval for Adoption of Rule 69O-142.015; Standardized Requirements Applicable to Insurers After Hurricanes or Natural Disasters.

The rule is amended to change the manner in which insurers report certain information to the Office of Insurance Regulation as a consequence of a hurricane or other natural disaster, as well as create separate subsections covering contracts of insurance entered into by property and casualty insurers and health and life insurers.

A notice of proposed rule was published in the Florida Administrative Register on September 28, 2020. A notice of change was published in the Florida Administrative Register on December 24, 2020.

**(ATTACHMENT 6)**

**APPROVAL FOR FINAL ADOPTION**

**OFFICE OF INSURANCE REGULATION**

GOVERNOR DESANTIS: Altmaier, Office of Insurance Regulation.

COMMISSIONER ALTMAIER: Thank you, Governor.

GOVERNOR DESANTIS: Yep.

COMMISSIONER ALTMAIER: And good morning, Cabinet.

Our first agenda item is the approval of the minutes from the February 4th meeting of the Financial Services Commission, and we respectfully request your approval of those.

GOVERNOR DESANTIS: Okay. Move to approve.

Is there a second?

CFO PATRONIS: Second.

ATTORNEY GENERAL MOODY: Second.

COMMISSIONER ALTMAIER: Hearing no objections, the motion carries.

COMMISSIONER ALTMAIER: Thank you.

And, Governor, if there are no objections, Items 2 through 7 are all similar actions, and I would propose grouping them together. These are all rules that the OIR is requesting approval to publish. In addition, we are requesting approval for final adoption if we receive no public feedback

1 or we don't have a need to do a notice of change.  
2 So we'd respectfully request your approval on that.

3 GOVERNOR DESANTIS: Okay. Move to approve  
4 Items 2 through 7.

5 CFO PATRONIS: So move.

6 ATTORNEY GENERAL MOODY: Second.

7 CFO PATRONIS: Or second.

8 GOVERNOR DESANTIS: No objection, the motion  
9 carries.

10 CFO PATRONIS: Governor, let me ask -- I just  
11 want to ask Dave before he takes off.

12 Any feedback off the ground of Hurricane Sally  
13 and the response from the insurers.

14 COMMISSIONER ALTMAIER: Sure. Thank you, CFO.

15 So we've been watching that very closely. We  
16 already have what you call out-in-the-fields to get  
17 a sense of how many claims our industry is  
18 experiencing from Hurricane Sally.

19 We've got -- about 44 percent of the market  
20 has responded to that so far, and they've reported  
21 about 14 thousand claims. So we anticipate that  
22 this is going to be much more of a flood event than  
23 a wind event, and that's going to put more of the  
24 burden on the NFIP.

25 So we've established some connections with the

1 NFIP to ensure that they're getting resources to  
2 that area and assisting in any way that we can on  
3 that front.

4 CFO PATRONIS: Awesome.

5 COMMISSIONER FRIED: Governor, may I -- in  
6 addition to Sally questions, talking to a lot of  
7 our farmers that are out in that area, what they  
8 are experiencing -- they all buy I guess the new  
9 hurricane writers. I don't know if that was on the  
10 crop insurance or if that was a policy addendum  
11 that we were negotiating.

12 Do you know if that was something that we did  
13 here domestically or if that's from the National  
14 Crop Insurance?

15 COMMISSIONER ALTMAIER: Commissioner,  
16 hopefully you'll accept my apologies. I'm not  
17 aware of that issue, and so I would be happy to  
18 check into that as soon as I get back to the office  
19 and let you know specifically what the issue is on  
20 that.

21 COMMISSIONER FRIED: Okay. Just so you know,  
22 with the things that we were hearing is that the  
23 hurricane insurance, it comes in; but it doesn't,  
24 of course, like all the hurricane insurance, only  
25 covers wind and doesn't cover flooding. And so

1 most of the crop damage that we saw up in the  
2 northern part of Escambia and Santa Rosa were  
3 dealing with obviously the amounts of water that  
4 was sitting on the land; and then, of course, the  
5 water -- the rain has not stopped. So we have  
6 almost devastation up in the Panhandle for our  
7 crops.

8 And so there was a question of whether or not,  
9 one, tropical storms bring the same type of water  
10 and we'd have the same type of damages whether or  
11 not it wasn't wind damage, it was water damage; and  
12 wanting to see kind of where we might be able to  
13 tweak the policies for the future and whether or  
14 not that was a negotiation that we should engage in  
15 here on the state level or if it's something that  
16 we want to deal with on the crop insurance side  
17 more from the federal eye.

18 COMMISSIONER ALTMAIER: Okay. Thanks for  
19 bringing that to my attention, and we'll get into  
20 that right away.

21 GOVERNOR DESANTIS: I would just point out  
22 though, particularly as we look at some of the  
23 residential damage. Obviously there was a lot of  
24 water, but I mean it got up to a hundred mile an  
25 hour winds, and so there is going to be wind

1 damage. Some of the places that flooded, you know,  
2 have wind damage, and some -- you're not  
3 necessarily going to be able to divorce that from  
4 some.

5 So I'd like to see, you know, as many of  
6 these -- of traditional hurricane policies be  
7 paying out.

8 Obviously there may be some that was only  
9 flood, but I can tell you, in Escambia, you know,  
10 they had serious winds. Now it's not Hurricane  
11 Michael, but that contributed or caused a lot of  
12 the damage as well. So hopefully we'll be able to  
13 do it. I mean NFIP, you know, it's always  
14 sometimes difficult. But there is a lot of the  
15 wind damage because I was down there to be able to  
16 see. I saw -- you know, we talked to people about  
17 the winds, and so it was a combination of both.

18 COMMISSIONER ALTMAIER: You're absolutely  
19 right, and that's one of the reasons why we put our  
20 data call in the fields as quickly as we did so  
21 that we could get a sense of the response from our  
22 property insurers because there absolutely will be  
23 wind damage. So we will be monitoring those  
24 statistics to ensure that they're being held  
25 accountable and paying their claims on that front.



1           GOVERNOR DESANTIS: Great. All right. We're  
2 adjourned. Thanks guys.

3           COMMISSIONER FRIED: Actually, Governor,  
4 before we adjourn, for two seconds, I just want to  
5 talk about Sally for a second. I know that both  
6 you and I, as well as the CFO, has been out to the  
7 Panhandle and seen the devastation. And I had an  
8 opportunity to speak to about 50 or our farmers  
9 over the course of the weekend that are seeing  
10 almost a hundred percent of their crop loss between  
11 peanuts and cotton, complete devastation.

12           And so I'm grateful that the President has, in  
13 fact, issued a disaster declaration on Friday. And  
14 I wrote to you last night hoping that we can  
15 activate the State Emergency Bridge Loan because we  
16 know unfortunately a lot of times it takes a  
17 significant amount of time to get these dollars to  
18 them.

19           We saw the federal block grants take as long  
20 as we did in Hurricane Michael. These folks need  
21 help now, so looking forward to working with your  
22 office and working on trying to get some relief for  
23 these individuals.

24           GOVERNOR DESANTIS: Secretary Eagle is doing  
25 that, and so he's on it, and he's happy to work

1           with you guys.

2           All right. Thanks.

3           (WHEREUPON, THE MEETING WAS ADJOURNED) .

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M E M O R A N D U M

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**DATE:** January 8, 2021

**TO:** David Altmaier, Commissioner, Office of Insurance Regulation

**THROUGH:** Anoush Brangaccio, General Counsel

**FROM:** Michael Lawrence, Jr., Chief Legal Counsel

**SUBJECT:** Cabinet Agenda for February 2, 2021  
Request for Approval to Publish and the Final Approval to Adopt Amendments to  
Rules 69O-196.001, .005, .007, .009, .015, .021, .023, .025, .035  
Assignment # 252673-19

The Office of Insurance Regulation ("Office") requests that these proposed rule amendments be presented to the Cabinet aides on or before January 27, 2021, and to the Financial Services Commission on February 2, 2021, with a request for Final Approval to Adopt the proposed rule and for final adoption if no member of the public timely requests a rule hearing or if a hearing is requested and no notice of change is needed.

The notice of development of rulemaking was published on November 5, 2020, in Volume 46, No. 217, of the *Register*. The Office did not receive a request to hold a workshop.

P&C and legal reviewed all the rules in Chapter 196, F.A.C., to determine if any rules should be amended or repealed. 69O-196.001 is amended to change grammar and add rulemaking authority. 69O-196.007 is amended to update the annual reports requirements. 69O-196.009 is amended to change "certificate of authority" to "license" and add rulemaking authority.

69O-196.015 is amended to include all applications for premium finance companies in one rule. This rule will later be transferred to Chapter 136, F.A.C., as part of the ongoing applications project. 69O-196.021 is amended to incorporate the financing disclosure form into the rule since it will no longer be in 69O-196.015 due to that rule now covering only applications.

69O-196.035 is amended to create a new subsection.

69O-196.023 and 69O-196.025 are repealed


Sections 624.307(1), 624.307(1), 624.321(1)(a), 624.424, 624.80, 624.81, 626.9541(1)(a), 627.828, 627.829, 627.832, 627.834, 627.836, 627.838, 627.840, 627.8405, 627.841, 627.844, 627.845, 627.848, 627.849, and 628.4615, F.S., are the rulemaking authority and laws implemented for this rule.

Attached are the proposed rules.

Approved for signature:

  
Anoush Brangaccio, General Counsel

Approved for submission to Financial Services  
Commission:

  
David Altmaier, Commissioner  
Office of Insurance Regulation

**CHAPTER 690-196  
PREMIUM FINANCE COMPANIES**

690-196.001	Standard Cancellation Notice
690-196.005	Filing Surety Bond in Lieu of Net Worth
690-196.007	Annual Reports
690-196.009	Other Reports and Corrective Action Plans
690-196.015	Forms Incorporated by Reference
690-196.020	Premium Financing of Products Not Regulated by the Insurance Code and Related Unfair Trade Practices Prohibited
690-196.021	Disclosure Requirements for Insurance Coverages Financed With Personal Injury Protection
690-196.023	Insurance Agent Penalties
690-196.025	Statement of Account; Receipts
690-196.035	Required Books and Records

**690-196.001 Standard Cancellation Notice.**

When a premium finance agreement contains a power of attorney or other authority enabling the premium finance company to cancel any insurance contract or contracts listed in the agreement, all premium finance companies licensed to do business in this state shall effect cancellation of such policies by the use of a form containing the wording and information set forth below and shall be printed on a color paper of a shade of pink, to include all parts of any multi-part form:

STANDARD CANCELLATION NOTICE  
PREMIUM FINANCE COMPANY IMPRINT

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NOTICE OF CANCELLATION

Insured

Agent

Insurance Company

Policy Number \_\_\_\_\_

Cancellation Date \_\_\_\_\_

Account Number \_\_\_\_\_

Unpaid Premium Balance Due \_\_\_\_\_

You are hereby notified that the policy described above is cancelled for non-payment of an installment in accordance with the conditions and terms of the premium finance agreement ~~Premium Finance Agreement~~ which incorporates a power of attorney. This cancellation is effective one day after the above captioned date, at the hour indicated in the policy as the effective time.

The Florida Insurance Code, part XV of chapter 627, F.S., recognizes this as a valid notice of cancellation and provides that the gross unearned premium be returned to the premium finance company.

If the policy or any statute requires the insurer to give notice to a mortgagee, governmental agency, or other third party before the policy can be cancelled, the insurer shall give the prescribed notice in behalf of itself or the insured to any governmental agency, mortgagee, or other third party on or before the second business day after the day it receives the notice of cancellation from the premium finance company and shall determine the effective date of cancellation taking into consideration the number of days notice required to complete the cancellation.

IF THE ABOVE-CAPTIONED INSURANCE CONTRACT PROVIDES MOTOR VEHICLE LIABILITY INSURANCE REQUIRED BY THE FINANCIAL RESPONSIBILITY LAW, PROOF OF FINANCIAL RESPONSIBILITY IS REQUIRED TO BE MAINTAINED CONTINUOUSLY FOR A PERIOD OF THREE (3) YEARS, PURSUANT TO CHAPTER 324, F.S., AND THE OPERATION OF A VEHICLE WITHOUT SUCH FINANCIAL RESPONSIBILITY IS UNLAWFUL.

*Rulemaking Authority 624.308(1), 627.848(3) FS. Law Implemented 624.307(1), 627.848 FS. History—New 12-23-65, Repromulgated 12-24-74, Formerly 4-18.01, 4-18.001, Amended 7-27-95, Formerly 4-196.001, \_\_\_\_\_.*

**690-196.005 Filing Surety Bond in Lieu of Net Worth.**

(1) A surety bond in the amount of \$35,000.00 may be filed with the Office by premium finance companies in conjunction with a \$10,000 minimum net worth; and all filings shall be submitted electronically to <https://www.floir.com/iportal>

<http://www.flor.com/iportal>.

(2) Such surety bond must be written by an insurer authorized to do business in this state; and

(3) Such surety bond is subject to approval ~~shall be approved~~ by the Office ~~office~~ and shall not be cancelled without a thirty-day written notice to the Office.

*Rulemaking Authority 624.308(1), 627.828(2) FS. Law Implemented 624.424, 627.828 FS. History—New 10-20-73, Repromulgated 12-24-74, Formerly 4-18.05, 4-18.005, Amended 8-29-99, Formerly 4-196.005, Amended 7-30-17, \_\_\_\_\_.*

#### **690-196.007 Annual Reports.**

(1) The annual report shall be filed on or before March 1 of each year. ~~The due date is the date by which the report is to be RECEIVED in the Office, NOT THE POSTMARK DATE.~~

(2) An Annual Report ~~The annual report~~ shall be filed with the Office, on or before March 1 of each year, on Form OIR-A3-107, “Annual Report,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX). ~~form OIR-A3-107 (11/97), Annual Report, which is incorporated by reference in rule 690-196.015, F.A.C.~~ Each page of the form shall be completed and prepared according to the instructions. An incomplete form shall be returned and considered not filed by the Office. Failure to file a complete annual report by the due date shall subject a licensee to fines as set forth in rule 690-207.001, F.A.C., and discipline as provided in sections 627.832 and 627.833, F.S. The filings shall be submitted electronically via the Office’s system at <https://www.flor.com/iportal>. ~~All filings shall be submitted electronically to <http://www.flor.com/iportal>.~~

*Rulemaking Authority 624.308(1), 627.836(2) FS. Law Implemented 624.424, 627.836 FS. History—New 10-20-73, Repromulgated 12-24-74, Formerly 4-18.07, 4-18.007, Amended 7-27-95, 8-29-99, Formerly 4-196.007, Amended 7-30-17, \_\_\_\_\_.*

#### **690-196.009 Other Reports and Corrective Action Plans.**

To aid the Office in determining a licensee’s continued eligibility to hold a premium finance license:

(1) If the Office has reason to believe that the owners, officers, or directors of the premium finance company or any parent or controlling company, if any, have been involved in activity which has been shown to be hazardous to the insurance-buying public in this or any other state, the Office shall require all owners of 10% or more of the company’s stock, and all officers and directors, to update the biographical information on file with the Office.

(2) Changes in senior corporate officers, chief executive officer, chief financial officer, or directors (or members of a properly authorized and appointed executive committee thereof); ~~or, if the licensee is not incorporated, changes in management personnel~~ who have decision or policy-making authority over the premium finance company, shall be reported in writing to the Office within 60 days after the effective date of the change. Such changes will require completion of biographical information in the form required by the Office adopted in rule 690-196.015, F.A.C., and an independent investigative background report of the person or entity, plus an investigation fee. All filings shall be submitted electronically to <https://www.flor.com/iportal> ~~<http://www.flor.com/iportal>~~.

(3) Every premium finance company is subject to the provisions of section 628.4615, F.S. Each application for acquisition of an authorized premium finance company is subject to a license fee and an investigation fee.

(4) Whenever the financial condition of the premium finance company is such that administrative supervision is appropriate based on the standards set forth in rule 690-141.002, F.A.C., the Office shall order the premium finance company to file with the Office and implement a corrective action plan designed to do one or more of the following:

(a) Reduce the total amount of present liability by assignment of contracts or other means.

(b) Reduce the expenses of the premium finance company by methods specified in the corrective plan, subject to the standards set forth in rule 690-141.003, F.A.C.

(c) Suspend or limit the writing of new business for a period of time necessary to protect the public from the hazardous financial condition of the premium finance company.

(d) Require an increase in the premium finance company’s net worth sufficient to bring the company into compliance with section 627.828, F.S.

(5) If the premium finance company fails to submit a corrective action plan within 30 days of the Office’s order or submits a plan which is insufficient to correct the premium finance company’s financial condition, the Office shall order the premium finance company to implement one or more of the corrective actions listed in ~~this~~ subsection (4).

~~(6)(5)~~ If the Office determines that a company is insolvent, the Office shall notify the company of such insolvency. If the company disagrees with the Office’s determination, it shall within 15 calendar days file with the Office all information that proves that the company is not insolvent.

~~(7)(6)~~ If the company fails within the 15-day period provided in subsection ~~(6)~~ ~~(5)~~ to supply information showing to the satisfaction of the Office that the company is not insolvent, the Office shall:

(a) Instruct the company to suspend acquisition of any new business if acquisition of new business would place the public at substantial risk;

(b) Suspend or revoke the company's ~~license certificate of authority~~ if administrative supervision is not viable due to the severity of the company's condition or the company's unwillingness to cooperate with the Office in the development and implementation of a corrective plan; or

(c) Place the company in administrative supervision under section 624.81, F.S., subject to the limitations imposed by that section.

*Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 624.424, 624.80, 624.81, 627.828, 627.829, 627.832, 627.834, 627.836, 627.849, 628.4615 FS. History—New 7-27-95, Formerly 4-196.009, Amended 7-30-17,\_\_\_\_\_.*

**690-196.015 Application for and Issuance of License and License Continuance ~~Forms Incorporated by Reference.~~**

Substantial rewording of Rule 690-196.015, F.A.C. follows. See Florida Administrative Code for present text.

**(1) Application for License as a Premium Finance Company**

**(a) A person applying for a license as a premium finance company shall submit the following:**

**1. Form OIR-C1-958, "Application for License Premium Finance Company," effective 12/18, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**2. Form OIR-A3-453, "Premium Finance Company Surety Bond," effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**3. Form OIR-C1-144, "Service of Process Consent & Agreement," effective 6/04, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**4. Form OIR-C1-454, "Personal Financial Statement," effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**5. Form OIR-C1-905, "Instructions for Furnishing Background Investigative Reports," effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**6. Form OIR-C1-938, "Fingerprint Payment and Submission Procedures," effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**7. Form OIR-C1-957, "Instructions for Statutory Compliance of Forms," effective 10/05, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**8. Form OIR-C1-1423, "Biographical Affidavit," effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX); and**

**9. Form OIR-C1-2221, "Management Information Form," effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX); and**

**(b) The applicant shall submit the forms listed in paragraph (1)(a) electronically at <https://www.floir.com/iportal>.**

**(2) Annual License Renewal**

**(a)1. All premium finance company licenses shall expire on October 1.**

**2. Failure to submit the application for renewal before October 1 shall result in expiration of the license and will require the filing of a new application for licensure.**

**(b) A licensee seeking to continue operating as a premium finance company shall submit Form OIR-A3-1563, "Application for Renewal of License Premium Finance Company," effective 7/03, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX), filed electronically at <https://www.floir.com/iportal>.**

The following forms are incorporated into this rule chapter by reference to implement the provisions of Chapter 627, Part XV, F.S.:

Title	Form Number
(1)(a) Application For License Premium Finance Company	OIR-C1-958 (5/2013) <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-08475">http://www.flrules.org/Gateway/reference.asp?No=Ref-08475</a>
(b) Management Information Form	OIR-844 (10/91)
(c) Listing of Stockholders	OIR-973 (10/91)
(d) Instructions for Statutory Compliance of Forms	OIR-957 (6/95)
(2) Annual Report	OIR-A1-107 (11/97)
(3) Bond	OIR-453 (6/95)
(4) Authority to Release Information	OIR-450 (6/95)

(5) Biographical Statement and Affidavit	OIR 422 (11/90)
(6) Personal Financial Statement	OIR 454 (5/89)
(7) Fingerprint Card Instructions	OIR 938 (4/91)
(8) Request for Payment of Fingerprint Charges	OIR 903 (1/94)
(9) Instructions for Furnishing Background Investigation Reports	OIR 905 (9/94)
(10) Application for Acquisition of a Premium Finance Company	OIR 448 (12/91)
(a) Consent and Agreement in Re: Service of Process	OIR 144 (11/90)
(b) Resolution Form	OIR 514 (11/90)

Forms are available at <http://www.flair.com/iportal>.

Rulemaking Authority 624.308(1), 627.828(2) FS. Law Implemented 624.321(1)(a), 624.424, 627.828, 627.829, ~~627.836, 627.845, 628.4615~~ FS. History—New 5-28-90, Formerly 4-18.015, Amended 7-27-95, 8-29-99, Formerly 4-196.015, Amended 7-30-17, \_\_\_\_\_.

#### **690-196.020 Premium Financing of Products Not Regulated by the Florida Insurance Code and Related Unfair Trade Practices Prohibited.**

- (1) The term “automobile club” as used in this rule shall have the same meaning as in Section 627.8405(1), F.S.
- (2) The term “procuring” as used in Section 624.124, F.S., does not include premium financing.
- (3) Financing the cost of an automobile club membership within a premium finance agreement, or collecting or remitting of dues, assessments, fees, or other periodic payments is prohibited by Section 627.8405, F.S., even if insurance coverage is a benefit of the membership.
- (4) Financing of any benefit, including any insurance coverage, provided in a motor club membership, or collecting or remitting of dues, assessments, fees or other periodic payments is prohibited.
- (5) Financing the cost of an accidental death and dismemberment policy or collecting or remitting of dues, assessments, fees or other periodic payments sold in combination with personal injury protection and property damage only policies is prohibited.
- (6) Section 627.8405(3), F.S., prohibits premium financing of any product not regulated under the Florida Insurance Code including mixed products which contain a part that is not regulated under the Florida Insurance Code.

Rulemaking Authority 624.308(1), 627.8405(3) FS. Law Implemented 624.124, 626.753, 626.794, 626.838, 626.9541, 627.832, 627.8405 FS. History—New 12-27-94, Amended 8-29-99, Formerly 4-196.020, Amended \_\_\_\_\_.

#### **690-196.021 Disclosure Requirements for Insurance Coverages Financed With Personal Injury Protection.**

- (1) Whenever motor vehicle insurance is financed, the agent shall disclose at the time of sale any coverages financed with personal injury protection other than property damage liability, bodily injury, collision, uninsured motorist, or comprehensive coverage for damage of or loss to the vehicle.
- (2) The disclosure shall be on Form OIR-A3-1162, “Insurance Premium Financing Disclosure Form,” effective 3/95, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX). The filings shall be submitted electronically via the Office’s system at <https://www.flair.com/iportal>. ~~(3/95), “Insurance Premium Financing Disclosure Form,” which is incorporated herein by reference. Forms are available at <http://flair.com/iportal>. All filings shall be submitted electronically to <http://www.flair.com/iportal>.~~
- (3) The disclosure shall be signed by the insured.
- (4) Copies of the signed disclosure shall be given to the agent, the insured, and the premium finance company.

Rulemaking Authority 624.308(1), 627.8405 FS. Law Implemented 624.424, 626.9541(1)(a), ~~627.734, 627.8405~~ FS. History—New 3-1-95, Amended 8-16-95, Formerly 4-196.021, Amended 7-30-17, \_\_\_\_\_.

#### **690-196.023 Insurance Agent Penalties.**

~~Any licensed insurance agent that knowingly aids, assists, abets, or advises any person in the preparation or completion of a premium finance agreement which violates this rule chapter or chapter 627, part XV, F.S., shall be subject to license disciplinary action based on section 626.621(12), F.S.~~

Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 626.621(12), Ch. 627 Part XV FS. History—New 12-27-94, Formerly 4-196.023, Repealed \_\_\_\_\_.

#### **690-196.025 Statement of Account; Receipts.**

(1) The Office has adopted a standard form which is acceptable for the use of premium finance companies in meeting the requirements of this part. Upon request of the premium finance company, the Office will provide form OIR A3-970 (11/91) <http://www.flrules.org/Gateway/reference.asp?No=Ref 08432>, which is incorporated herein by reference, from which the company may make as many copies as necessary. Forms are available at <http://www.flor.com/portal>. All filings shall be submitted electronically to <http://www.flor.com/portal>.

(2) In the alternative, a premium finance company may submit its own form to the Office for approval, which form must contain the same information at a minimum, in any logical configuration.

*Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 624.424, 627.845, 626.9541(1)(a) FS. History—New 7-27-95, Formerly 4-196.025, Amended 7-30-17, Repealed.*

#### **690-196.035 Required Books and Records.**

At a minimum for permanent books and records, each licensed premium finance company shall maintain:

- (1) A complete set of accounting records including but not limited to:
  - (a) A general ledger;
  - (b) Cash receipts and disbursements journals;
  - (c) Accounts receivable registers; and
  - (d) Accounts payable registers, together with supporting documentation evidencing each entry.
- (2) A detailed register of premium finance contracts in force. The register shall include:
  - (a) Date of issue;
  - (b) Issuing agent and address;
  - (c) Name and address of the insured;
  - (d) Policy period;
  - (e) Policy number;
  - (f) Type of policy;
  - (g) Total premium;
  - (h) Down payment;
  - (i) Documentary stamp tax;
  - (j) Amount financed;
  - (k) Finance charges;
  - (l) Number of payments; and,
  - (m) Amount of each payment.
- (3) A detailed payment history of each premium finance contract, supported by, at a minimum, copies of any and all correspondence, notices, contracts, and agreements between the premium finance company and any other person, related to the contract.
  - (4) A record of receipts and disbursements relative to each contract, including supporting documentation therefor.
  - (5) Copies of all forms and rates utilized by the premium finance company bearing the approval stamp of the Office.
  - (6) Evidence of compliance with the financial requirements of Section 627.828, F.S.
  - (7) A detailed register of all contracts assigned including at a minimum the following information:
    - (a) Date of contract;
    - (b) Date contract funded;
    - (c) Date assigned;
    - (d) To whom assigned;
    - (e) Dollar amount of contract;
    - (f) Amount received;
    - (g) Name of issuing agent.
  - (8) A detailed register of all contracts accepted for assignment from others, including at a minimum the following information:
    - (a) Date of contract;
    - (b) Date assigned;



- (c) From whom assignment accepted;
- (d) Dollar amount of contract;
- (e) Amount paid;
- (f) Name of issuing agent.

(9) Copies of all contracts with independent contractors or third parties performing services directly or indirectly related to the premium finance business. Each such contract shall be submitted to the Office and shall contain at a minimum the following provisions: ~~All filings shall be submitted electronically to <http://www.floir.com/iportal>.~~

- (a) Specific details as to the services to be provided to or on behalf of the licensee;
- (b) Specific details concerning the charges to be paid by the licensee for these services, including the method of calculation;
- (c) A clause whereby the Office reserves the right to require the licensee to alter or void any contract provision or part thereof which violates the Florida Insurance Code.

(d)1. A clause providing that all books and records of the person providing services pertaining to the licensee shall be made available to the Office for examination, which shall include at a minimum those books and records specified in subsections (1)-(8) of this rule, as they apply to the services rendered to the licensee.

2. All persons providing marketing services shall maintain and make available to the Office a register of the names and addresses of all agents solicited on behalf of the licensee, together with the number of contracts provided to the licensee by each agent and a record of any payments to or from these agents related thereto.

3. Contract terms or provisions notwithstanding, the licensee remains responsible for the acts of any person it hires or otherwise engages to act on its behalf.

(10) All filings submitted pursuant to subsection (9) shall be submitted electronically to <https://www.floir.com/iportal>.

~~(11)(40)~~ Records maintained in accordance with this rule shall be kept as originals, photocopies, or electronically stored reproductions.

*Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 624.424, 627.828, 627.834, 627.836, 627.838, 627.840, 627.8405, 627.841, 627.844, 627.845, 627.848, 627.849 FS. History—New 7-27-95, Formerly 4-196.035, Amended 7-30-17,\_\_\_\_\_.*

**Office of Insurance Regulation**  
*Specialty Product Administration*

**FLORIDA COMPANY  
CODE:**

**FEDERAL EMPLOYER  
IDENTIFICATION NUMBER:**

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**ANNUAL REPORT  
OF THE**

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(Premium Finance Company)

**TO THE  
OFFICE OF INSURANCE REGULATION  
OF THE  
STATE OF FLORIDA**

Specialty Product Administration  
200 East Gaines Street  
Tallahassee, FL 32399 - 0331

**FOR CALENDAR YEAR ENDED**

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**DUE ON OR BEFORE  
MARCH 1 EACH YEAR**

**GENERAL INFORMATION AND INSTRUCTIONS**

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
3. All terms used in this report will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this report, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on:

Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the report page. This will highlight the fields where you may enter data.
7. The report form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
8. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.). Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
9. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
10. "Save" or "Submit" buttons are provided on the last page of this report. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your report form is uploaded as a "Completed" document to your Component List; this does not submit the report to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

Year Ending:

## STATEMENT

Please see the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

Company Name: _____		
Company FEIN: _____	Florida Company Code: _____	Period Ending Date: _____
State and Date of Incorporation/Organization: _____	(State/Prov): _____	(Date): _____
Date Licensed by the Office of Insurance Regulation: _____		(Date): _____
Date Commenced Business: _____		(Date): _____

**Address of Home Office:**

Street: \_\_\_\_\_

City: _____	State/Prov: _____	Zip/Postal Code: _____
Phone: _____	Ext: _____	Fax: _____

**Address of Main Administrative Office:**

Street: \_\_\_\_\_

City: _____	State/Prov: _____	Zip/Postal Code: _____
Phone: _____	Ext: _____	Fax: _____

**Mailing Address:**

Street: \_\_\_\_\_

City: _____	State/Prov: _____	Zip/Postal Code: _____
Phone: _____	Ext: _____	Fax: _____

**Records Location (if different than Main Office):**

Street: \_\_\_\_\_

City: _____	State/Prov: _____	Zip/Postal Code: _____
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**Address of Principle Florida Office:**

Street: \_\_\_\_\_

City: _____	State/Prov: _____	Zip/Postal Code: _____
Phone: _____	Ext: _____	Fax: _____

**Website:** \_\_\_\_\_

Type of entity (check one)	<input type="checkbox"/> Corporation - For profit	<input type="checkbox"/> Sole proprietorship
	<input type="checkbox"/> Corporation - Not for profit	<input type="checkbox"/> Limited liability company
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other: _____

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Phone: _____	Ext: _____	Fax: _____
--------------	------------	------------

Email Address: \_\_\_\_\_

**OFFICERS / DIRECTORS / MEMBERS**  
Show full name (initials not acceptable)

Chief Executive Officer	
President	
Vice President	
Secretary	
Treasurer / Chief Financial Officer	
Chairman of the Board	
Directors / Members	

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

\_\_\_\_\_, President, \_\_\_\_\_, Secretary,  
and \_\_\_\_\_, Chief Financial Officer (or corresponding person having charge of the  
financial records of the licensee), of the \_\_\_\_\_ being duly sworn  
each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting  
period stated above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims  
thereon, except as herein stated, and that this report, together with related exhibits, schedules and explanations therein contained,  
annexed or referred to is a full and true statement of all assets and liabilities and of the condition and affairs of the said licensee as of  
the reporting period stated above, and of its income and deductions for the period reported.

The foregoing instrument was acknowledged before me  
by means of ☐ physical presence or ☐ online notarization, \_\_\_\_\_ President/Owner

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ Secretary

Notary Public: \_\_\_\_\_ Treasurer/CFO

Commission Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Print this page

Company Name:

Year Ending:

BALANCE SHEET  
ASSETS

	Column 1 Total Assets	Column 2 Less Assets Non Admitted	Column 3 Admitted Assets
<b>CURRENT ASSETS:</b>			
1. Cash on Hand and on Deposit (Schedule B, Page 8)			
2. Contracts Receivable, Gross (Schedule A, Page 7)			
Less the Greater of:			
a. Contract in Default + 120 Days (Schedule A-1, Page 7) or	( )		( )
b. Reserve for Losses on Contracts	( )		( )
3. Accounts and Notes Receivable: (Schedule C, Page 9)			
a. From Affiliates			
b. From Officers, Director, Owners			
c. From Others			
d. Less: Reserve for Losses	( )	( )	( )
4. Prepaid Expenses			
5. Other (Identify)			
<b>6. Total Current Assets</b>			
<b>NON-CURRENT ASSETS:</b>			
7. Investments and Securities (Schedule D, Page 9)			
8. Accounts and Notes Receivable: (Schedule C, Page 9)			
a. From Affiliates			
b. From Officers, Director, Owners			
c. From Others			
d. Less: Reserve for Losses	( )	( )	( )
9. Deferred Expenses			
10. Intangible Assets			
11. Other (Identify)			
<b>12. Total Non-Current Assets</b>			
<b>FIXED ASSETS:</b>			
13. Real Estate Owned (Schedule E, Page 10)			
14. Computers [Section 625.012(11), F.S.]			
15. Less: Accumulated Depreciation	( )	( )	( )
16. Other Depreciable Fixed Assets			
a. Office Furniture & Equipment			
b. Automobiles			
c. Leasehold Improvements			
d. Other (Identify)			
e. Less Accumulated Depreciation	( )	( )	
<b>17. Total Fixed Assets</b>			
<b>18. TOTAL ASSETS:</b>			

Company Name:

Year Ending:

**BALANCE SHEET  
LIABILITIES AND NET WORTH**

<b>CURRENT LIABILITIES:</b>		
1. Premium Finance Contracts Payable		
2. Outstanding Drafts Payable		
3. Notes Payable (Schedule F, Page 10):		
a. To Affiliates, Officers, Directors, Owners		
b. To Financial Institutions		
c. To Others (Identify) _____		
Total Current Notes Payable		
4. Taxes Payable:		
a. Federal and State Taxes		
b. Other Taxes (Identify) _____		
Total Taxes Payable		
5. Refunds to Insured/Agencies (Schedule G, Page 11)		
6. Accrued Interest		
7. Unearned Premium Finance Charge		
8. Other (Identify) _____		
<b>9. Total Current Liabilities</b>		
<b>LONG TERM LIABILITIES:</b>		
10. Notes Payable (Schedule F, Page 10):		
a. To Affiliates, Officers, Directors, Owners		
b. To Financial Institutions		
c. To Others (Identify) _____		
Total Long-Term Notes Payable		
11. Other (Identify) _____		
<b>12. Total Long Term Liabilities</b>		
<b>13. Total Liabilities</b>		
<b>NET WORTH:</b>		
14. Capital Stock:		
a. Common		
b. Preferred		
Total Capital Stock		
15. Paid-In Capital		
16. Subordinated Debentures / Notes		
17. Other (Identify) _____		
18. Retained Earnings		
19. Less: Treasury Stock		
<b>20. Total Net Worth</b>		
<b>21. TOTAL LIABILITIES AND NET WORTH (Lines 20 + 13)</b> This Total should agree with Line 18, Column 1, Page 4.		
22. Net Worth (Per Line 20 above)		
23. Less: Non-Admitted Assets (From Line 18, Column 2, Page 4)		
<b>24. STATUTORY NET WORTH</b>		
25. Plus Total Liabilities (Per Line 13 above)		
26. Total Lines 24 Plus 25 (Should equal Line 18, Column 3, Page 4)		

STATEMENT OF OPERATIONS AND RETAINED EARNINGS

INCOME	
1. Premium Finance Charges Earned (Net)	
2. Late Fees Earned	
3. Interest Earned on Notes and Loans Receivable	
4. Other Income (Identify)	
5. Total Income	
EXPENSES	
6. Salaries	
7. Interest Expense	
8. Bad Debt Expense	
9. General Expenses (Schedule H, Page 12)	
10. Total Expenses before Extraordinary Item and Federal and State Income Taxes	
11. Extraordinary Item (Explain)	
12. Federal and State Income Taxes	
13. Total Expenses	
NET INCOME AND RETAINED EARNINGS	
14. Net Income (Line 5 less Line 13 above)	
15. Retained Earnings, December 31, Previous Year	
16. Less: Distributions/Dividends Paid Out	( )
17. Other (Identify)	
18. RETAINED EARNINGS DECEMBER 31, CURRENT YEAR (Enter on Line 18, Page 5)	

**SCHEDULE A**  
**Contracts Receivable**  
(Report contracts receivable Nationwide and Florida Only)

	NATIONWIDE (Including Florida)		FLORIDA ONLY	
	# of Accounts	Amount	# of Accounts	Amount
A. Total at 12/31, Previous Year				
B. Contracts Accepted, Current Year				
C. Total (A + B)				
D. Contracts paid off during Current Year				
E. Payments made during the year on Contracts still open at 12/31 of Current Year				
F. Total at 12/31, Current Year (# of Accounts = C - D; Amount = C - D - E)		*		

\* Note: This amount must equal Line 2, Page 4.

**SCHEDULE A-1**  
**Contracts Receivable Aging**

	NATIONWIDE (Including Florida)		FLORIDA ONLY	
	# of Accounts	Amount	# of Accounts	Amount
A. Current (0 to 30 days)				
B. 31 to 60 days				
C. 61 to 90 days				
D. 91 to 120 days				
E. 121 days plus		*		
F. Total (Must equal Line F, Schedule A above)				

\* Note: All Contracts Receivable over 120 days old must be reported on Line 2a, Page 4.

**SCHEDULE A-2**  
**Contracts Receivable sold for which SERVICING is still a requirement of the Licensee**

	NATIONWIDE (Including Florida)		FLORIDA ONLY	
	# of Accounts	Amount	# of Accounts	Amount
A. Total at 12/31, Previous Year				
B. Contracts Sold, Current Year				
C. Total (A + B)				
D. Contracts no longer being SERVICED				
F. Contracts currently being SERVICED (C - D)		*		



Company Name:

Year Ending:

**SCHEDULE B**  
**Cash on Hand & On Deposit**  
(See Note Below)

☐ Check if Not Applicable

Name and Location of Funds	Balance
Other (amounts not listed in detail)	
Total (Must Equal Line 1, Page 4):	

**NOTE:** List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name:

Year Ending:

**SCHEDULE C**  
**Accounts / Notes Receivable**  
(See Note Below)

☐ Check if Not Applicable

Description / Name	Security	Balance
Other (amounts not listed in detail)		
Total (Must Equal Sum of Lines 3(a-c) + Lines 8(a-c), Page 4):		

**SCHEDULE D**  
**Securities Owned, Investments**  
(See Note Below)

☐ Check if Not Applicable

Description	Face Value or Number of Shares	Market Value	Cost (Book)
Other (amounts not listed in detail)			
Total (Must Equal Line 7, Page 4):			

**NOTE:** List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name:

Year Ending:

**SCHEDULE E**  
**Real Estate Owned / Mortgages Payable**  
(See Note Below)

☐ Check if Not Applicable

Location and Description	Market Value	Cost (Book)	Mortgage Balance
Other (amounts not listed in detail)			
<b>Total (Must Equal Line 13, Page 4 and Line 11, Page 5):</b>		*	*

**SCHEDULE F**  
**Notes Payable**  
(See Note Below)

☐ Check if Not Applicable

Name of Creditor	Collateral	Balance
Other (amounts not listed in detail)		
<b>Total (Must Equal Sum of Lines 3(a-c) + Lines 10(a-c), Page 5):</b>		

**NOTE:** List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name:

Year Ending:

**SCHEDULE G**  
**Refunds to Insured/Agencies**  
(Aging Schedule - See Line 5, Page 5)

	Amount Due By Age, From Date Refund Received From Insurer		
	# of Contracts	Amount	Comments:
A. 0 - 15 Days			
B. 16 - 60 Days			
C. 61 - 90 Days			
D. 91 Days or Greater			
E. Total (Must Equal Line 5, Page 5)			

Year Ending:

Description	Amount
Accounting and Auditing	
Advertising and Marketing	
Attorney and Related Legal Fees	
Auto Expenses	
Bank Charges	
Computer Expenses	
Consulting Fee(s)	
Depreciation & Amortization	
Employee Benefits	
Equipment Rental	
Interest Expense	
Insurance	
Licenses and Related Fees	
Office Supplies and Expenses	
Postage and Mailing Services	
Printing	
Rent and Rental Items	
Repairs & Maintenance	
Taxes: Payroll	
Property	
Other Taxes	
Telephone and Telegraph	
Travel and Entertainment	
Utilities	
Other (List Below)	
<b>Total General Expenses</b> (Must Equal Line 9, Page 6):	

Company Name:

Year Ending:

LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this report period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at <http://www.floir.com/siteDocuments/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Year Ending:

LIST OF COMPANIES

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this report period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Office of Insurance Regulation  
Specialty Product Administration

PREMIUM FINANCE COMPANY

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Florida Company Code: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Annual Report Filing Fee  
(As provided under Section 627.849, Florida Statutes)

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$25	12	12	F	3001

**STAPLE CHECK HERE**

Made payable to the DEPARTMENT OF FINANCIAL SERVICES

Print this page and mail with the check to:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
REVENUE PROCESSING SECTION  
Post Office Box 6100  
Tallahassee, FL 32314-6100

Print this page



SAVE/SUBMIT PAGE

**Save** - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

**Submit Final** - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final



**Office of Insurance Regulation**  
**Specialty Product Administration**

Bond No: \_\_\_\_\_

**PREMIUM FINANCE COMPANY SURETY BOND**

**KNOW ALL MEN BY THESE PRESENTS, THAT** \_\_\_\_\_  
\_\_\_\_\_ AS PRINCIPAL, (Hereinafter referred to as "the Principal")  
and \_\_\_\_\_ AS SURETY, (Hereinafter  
referred to as "the Surety") are held and firmly bound unto the Commissioner of the Office of  
Insurance Regulation of Florida, and his successors in office, the sum of **THIRTY-FIVE  
THOUSAND DOLLARS (\$35,000)** in lawful money of the United States, to the payment whereof  
we hereby bind ourselves, jointly and severally, and our successors, assigns, and representatives.

This bond will be effective on the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20 \_\_ \_\_, at 12:01 a.m.

**THE CONDITION OF THE ABOVE OBLIGATION IS, THAT, WHEREAS,** by virtue of  
Chapter 627, Part XV, Florida Statutes, the above bounden, the Principal herein named, is required to  
show proof of net worth of THIRTY-FIVE THOUSAND DOLLARS (\$35,000) or file other  
acceptable collateral with said Commissioner, or in lieu thereof, to give and file with the said  
Commissioner a surety bond in the amount of THIRTY-FIVE THOUSAND DOLLARS (\$35,000) of  
a surety company authorized to do business in the State of Florida, said bond and company to be  
approved by said Commissioner to be held by the said Commissioner to assure the faithful  
performance of its obligations to all parties to insurance premium financing contracts or other such  
documents as imposed by said Chapter 627, Part XV, Florida Statutes, by said Principal herein  
named, in the State of Florida.

**AND WHEREAS,** the above bounden, the Principal herein named, has elected to give such surety  
bond with the Surety above named;

**NOW THEREFORE,** if the said Principal named herein shall faithfully perform its obligations to  
all parties to insurance premium financing contracts or other such documents as imposed by said  
Chapter 627, Part XV, Florida Statutes, or otherwise imposed upon it by the laws of the State of  
Florida, then and in that event this bond shall be null and void.

IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED BY AND BETWEEN THE  
PARTIES HERETO, THAT THIS BOND MAY NOT BE CANCELLED OR RELEASED UNTIL  
AFTER 30 DAYS NOTICE IN WRITING TO THE COMMISSIONER PROVIDED SUCH  
CANCELLATION SHALL NOT RELEASE SAID SURETY FROM ANY LIABILITY FOR  
CLAIMS ARISING OUT OF CONTRACTS ISSUED BEFORE CANCELLATION OF THE  
BOND.

**THE SURETY** does hereby grant a period of twelve (12) months from the effective date of said  
cancellation or release in which to discover any obligation it may have under this bond.

IN WITNESS WHEREOF, the said parties hereunto have caused to be set the hands of their respective proper officers and to be affixed their respective corporate seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_.

Signed and sealed in the presence of:

\_\_\_\_\_  
WITNESS

By: \_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SECRETARY

NOTE: Attach to this bond a  
properly certified copy  
of the Agent's Power of  
Attorney

Executed at \_\_\_\_\_, Florida  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_.  
By: \_\_\_\_\_  
Florida Resident Agent of Surety Company

**INSURANCE PREMIUM FINANCING  
DISCLOSURE FORM**

Florida law requires the owner of a motor vehicle to maintain personal injury protection and property damage liability insurance. Under certain circumstances as in Chapter 324, Florida Statutes, additional liability insurance may be required for bodily injury liability. Also additional insurance is usually required by a lienholder of a financed vehicle. Florida law does not require other insurance. The direct or indirect premium financing of auto club memberships and other non-insurance products is prohibited by state law.

Insurance you are **REQUIRED** by law to have:

Personal Injury Protection (PIP) . . . . . \$ \_\_\_\_\_  
Personal Damage Liability (PD) . . . . . \_\_\_\_\_

Other insurance which you **MAY** be required by law to have:

Bodily Injury (If an SR-22 has been issued) . . . . . \_\_\_\_\_

**OPTIONAL** insurance coverage:

Bodily Injury (If an SR-22 has NOT been issued) . . . . . \_\_\_\_\_  
Uninsured Motorist . . . . . \_\_\_\_\_  
Comprehensive . . . . . \_\_\_\_\_  
Collision . . . . . \_\_\_\_\_

\_\_\_\_\_. . . . . \_\_\_\_\_  
\_\_\_\_\_. . . . . \_\_\_\_\_  
\_\_\_\_\_. . . . . \_\_\_\_\_

Policy Fee, if applicable . . . . . \_\_\_\_\_

**TOTAL INSURANCE PREMIUMS** . . . . . \$ \_\_\_\_\_

Less Down Payment Applied . . . . . ( \_\_\_\_\_ )

**AMOUNT FINANCED (LOANED TO YOU)** . . . . . \$ \_\_\_\_\_

I, \_\_\_\_\_, have read the above and understand the coverages I am buying  
(Print Name of Insured)  
and how much they cost.

\_\_\_\_\_  
(Signature of Insured)



Department of Financial Services  
*Office of Insurance Regulation – Bureau of Specialty Insurers*

Licensee: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip \_\_\_\_\_

APPLICATION for  
RENEWAL of LICENSE

PREMIUM FINANCE COMPANY

For the period: 10/01/20 \_\_ \_\_ to 09/30/20 \_\_ \_\_

Federal Employer ID Number: \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

FL Company Code: **8 9** \_\_ \_\_ \_\_

Due by September 30

**IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS PERMIUM FINANCE COMPANY LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.**

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS:**

1. If you wish to renew, complete and sign this application and forward it along with your remittance in the amount of \$250.00 made payable to: **Florida Department of Financial Services.**
2. Application must be signed by:
  - a. The owner or authorized representative, if a sole-proprietorship.
  - b. The president and secretary, if a corporation.
  - c. The managing or senior partner(s) or managing director(s), if a partnership or association.  
(If necessary, attach additional sheets.)
3. The renewal application and remittance must be received on or before September 30 by:

Florida Department of Financial Services  
Revenue Processing Section  
Post Office Box 6100  
Tallahassee, Florida 32314-6100

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$250.00	12	10	L	3002

# SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

☐ Original Designation    ☐ Insurer Name Change    ☐ Merger / Acquisition    ☐ Update Delivery Information

Insurer or Company Name: \_\_\_\_\_

Previous Name (If applicable): \_\_\_\_\_

Home Office Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FEI # \_\_\_\_\_

FL Company Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. **In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.**

**Designated Person  
to receive process:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_  
President or CEO's Signature

\_\_\_\_\_  
President or CEO's Name (Typed or Printed)

SEAL

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Secretary's Name (Typed or Printed)

OIR-C1-144  
Rev 06/2004  
Rules 690-193.003, 690-200.004

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.



**OFFICE OF INSURANCE REGULATION**  
**Company Admissions**

**PERSONAL FINANCIAL STATEMENT**

NAME(S) \_\_\_\_\_ ADDRESS \_\_\_\_\_

This statement is made of my (our) financial condition as of \_\_\_\_\_, 20\_\_ in support of the application of \_\_\_\_\_ for license to operate as a premium finance company. The undersigned warrants and represents that this is a complete and true statement of the financial condition of the undersigned as of this date.  
PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED. USE "NO" OR "NONE" WHERE NECESSARY

ASSETS	IN EVEN DOLLARS	LIABILITIES	IN EVEN DOLLARS
Cash in Banks (See Schedule A)	\$	Notes Payable to Banks - Secured (See Schedule H)	\$
Listed Securities (See Schedule B)	\$	Notes Payable to Banks - Unsecured (See Schedule H)	\$
Unlisted Securities (See Schedule C)	\$	Amounts Payable to Others - Secured/Unsecured (See Schedule H)	\$
Securities Held By Borker in Margin Accounts	\$	Due to Brokers ( See Schedule H)	\$
Partial Interest in Real Estate Equities (See Schedule D)	\$	Accounts and Bills Due	\$
Real Estate Owned (See Schedule E)	\$	Real Estate Mortgages Payable (See Schedules D & E)	\$
Accounts, Loans, Notes, Mortgages (See Schedule F)	\$	Unpaid Income Tax	\$
Vehicles	\$	Other Unpaid Taxes and Interest	\$
Cash Value - Life Insurance (See Schedule G)	\$	Loans on Life Insurance Policies (See Schedule G)	\$
Other Assets - Itemize:		Other Debts - Itemize:	\$
		Total Liabilities	\$
		Net Worth	\$
<b>Total Assets</b>	\$	<b>Total Liabilities and Net Worth</b>	\$
Are all bad and doubtful assets excluded from this statement ____ If no, explain: _____ Income taxes settled through what date? _____ Additional assessments: \$ _____			
<b>ANNUAL SOURCES OF INCOME</b>		<b>PERSONAL AND GENERAL INFORMATION</b>	
Salary - Individual	\$	Have you ever been bankrupt or involved in any other insolvency proceedings? (If yes, give details)	
Salary - Spouse	\$		
Bonus & Commissions	\$	Are you a stockholder, partner, or officer in any other venture? (If yes, give details)	
Dividends	\$		
Other Income - Itemize:	\$	Are you obligated to pay alimony, child support, or maintenance payments? (If yes, how much?)	
	\$		
Total	\$	Are any assets pledged? (If yes, give details)	
Do you have any contingent liabilities? (If yes, give details)		Are you defendant in any suits or legal actions? (If yes, give details)	

(COMPLETE SCHEDULES AND SIGN ON THE LAST PAGE)

**SUPPLEMENTARY SCHEDULES**

<b>SCHEDULE A - BANKING DEPOSIT RELATIONS (A list of all my bank accounts including Savings and Loan.)</b>		
Name and Location of Bank or Branch	Account Number	Balance

<b>SCHEDULE B - LISTED SECURITIES (U.S. GOVERNMENTS AND MARKETABLE)</b>				
No. of Shares or Face Value (Bonds)	Description	In Name of	Market Value	To Whom Pledged

<b>SCHEDULE C - UNLISTED SECURITIES</b>					
No. of Shares Owned	% Owned	Description	Cost	Market Value	To Whom Pledged

<b>SCHEDULE D - PARTIAL INTERESTS IN REAL ESTATE EQUITIES</b>							
% Owned	Year of Purchase	Type	Location of Property	Cost	Mortgage	Market Value	Value of Equity at Lower of Cost or Market

<b>SCHEDULE E - REAL ESTATE OWNED</b>							
Description of Property	In Name of	Date Acquired	Cost	Market Value	Mortgage	Monthly Payment	To Whom

(USE ADDITIONAL SCHEDULES WHEN NECESSARY)



SCHEDULE F - ACCOUNTS, LOANS NOTES AND MORTGAGES RECEIVABLE					
Name and Address of Debtor	Amount	Age of Debt	Nature of Debt	Description of Security Held	Payment Expected

SCHEDULE G - LIFE INSURANCE CARRIED, INCLUDING W. S. L. I. AND GROUP INSURANCE				
Face Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans or Pledged To

SCHEDULE H - NOTES PAYABLE TO BANKS/UNSECURED OR SECURED NOTES AND/OR ACCOUNTS PAYABLE TO OTHERS					
Amount	Payable To	Security Pledged (If Any)	Title of Account	Terms of Payment	Date of Origination

The undersigned make(s) this statement with intent that it shall be relied upon by the Office of Insurance Regulation in consideration of the application of \_\_\_\_\_ for license to operate a premium finance company whether direct or indirect. The undersigned warrant(s) and represents that this statement is a complete and true statement of the financial condition of the undersigned as of this date.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, Florida.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

(USE ADDITIONAL SCHEDULES WHEN NECESSARY)



## **Florida Office of Insurance Regulation**

### **INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS**

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package. The background investigative report must be conducted using the same affidavit submitted to the Florida Office of Insurance Regulation ("Office") for each individual as part of the application.
2. For specific information regarding background investigation vendors, please refer to the NAIC website, "Third Party Vendors for Background Reports" at: [http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm)
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will submit investigative reports electronically to the Office to this e-mail address:

[bkgrnd-inv@flor.com](mailto:bkgrnd-inv@flor.com)

Submissions should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail. Reports should be submitted prior to, or contemporaneously with, the submission of each application filing, with the exception of acquisition filings.

6. Applicants must include evidence indicating that background reports have been ordered, including proof of payment, as a component in the online submission via iApply.
7. Questions regarding this process may be directed to [pcappcoord@flor.com](mailto:pcappcoord@flor.com) (Property and Casualty applicants) or to [lhappcoord@flor.com](mailto:lhappcoord@flor.com) (Life and Health applicants).



## **Florida Office of Insurance Regulation**

### **FINGERPRINT PAYMENT AND SUBMISSION PROCEDURE**

Each individual subject to the fingerprinting process must be registered through IdentoGO by Idemia, at <https://fl.ibtfingerprint.com/>. For payment, processing, or appointment issues please contact the IdentoGo Customer Service Center at 1-800-528-1358.

#### **DIGITAL PRINTS** - Florida Residents only:

Access <https://fl.ibtfingerprint.com/>, select "Schedule a New Appointment" and follow the prompts. Please retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

**FINGERPRINT CARD** – Non-Florida Residents (and Florida residents who are physically unable to be digitally fingerprinted):

Access <https://fl.ibtfingerprint.com/>, select "Register for Fingerprint Card Processing Service" and follow the prompts. Select "No Cards" on the Shipping Details screen. Retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

Everyone must complete **two** fingerprint cards provided by the Florida Office of Insurance Regulation. Blank fingerprint cards may be requested by emailing [FPRequest@floir.com](mailto:FPRequest@floir.com). Fingerprinting must be performed by a technician within a law enforcement agency or other authorized entity. Most law enforcement agencies and many security companies provide civil applicant fingerprinting services.

**NOTE:** Please print your Payment Confirmation Number from the IdentoGo website on the "REF" line of the fingerprint card. Not including your Payment Confirmation Number will result in a delay of processing your submission.

Mail **ONLY** completed cards with a cover letter to:

Florida Office of Insurance Regulation  
Market Research & Technology Unit  
Fingerprint Card Processing  
Room B-50 Larson Building  
200 East Gaines Street  
Tallahassee, Florida 32399-0326

**Do NOT mail application paperwork with your fingerprint cards. All application materials must be sent directly to the appropriate unit (Property & Casualty Company Admissions or Life & Health Company Admissions) within the Office of Insurance Regulation. Failure to do so will result in a delay to your application.**



## Florida Office of Insurance Regulation

# **CONFIDENTIAL**

Pursuant to section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. I of the State Constitution. The requirement must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record.

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

The requirement for the applicant's social security is mandatory.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to ensure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year. In establishing these qualifications and the Office of Insurance Regulation's responsibility to ensure that individuals meet these qualifications, the legislature recognized that owners, officers, and directors of an insurance company are in a position to cause great harm to the public should they be untrustworthy or have a criminal background. These individuals control vast amount of funds that belong to policyholders. To meet the legislative intent that these people are qualified to be trusted, having the identifying social security number is essential for the Office of Insurance Regulation to adequately perform the background investigative duty. There are many individuals with the same name, without this identifying number it would be difficult if not impossible to be reasonably sure that the correct individuals are identified and verify they meet the statutorily required conditions.

# **CONFIDENTIAL**



## OFFICE OF INSURANCE REGULATION

### *Company Admissions*

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## INSTRUCTIONS FOR STATUTORY COMPLIANCE OF FORMS

### PREMIUM FINANCE AGREEMENT

1. Pursuant to Section 627.839, Florida Statutes, the printed portion of the agreement must be at least 8-point type. In addition, the words "Premium Finance Agreement" at the top of the page must be at least 10 point bold type.
2. The "Notice" required by Section 637.839, Florida Statutes, should be printed exactly as set forth in the statute and entirely in 8 point bold type as required by statute. Please note, the print requirement pertains to the entire notice and not just the title word "Notice".
3. Florida Statutes, Section 627.842, prohibit provisions in which a power of attorney is given to confer any authority other than to request cancellation for nonpayment of premium. Many contracts contain a provision similar to the following:

" (company name) is authorized to endorse the assured's name on any check or draft for all monies that may become due from the insuring company and to apply the same as payment of this agreement, and return any excess to his/her agent, providing such excess is an amount greater than One Dollar (\$1.00)."

We suggest that language similar to the following be substituted:

"The insured agrees that the premium finance company may endorse his/her name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement, returning any excess to the insured, provided such excess is an amount greater than or equal to One Dollar (\$1.00)."

4. Many contracts contain a provision similar to the following:

"The insured hereby releases, discharges and agrees to hold harmless the premium finance company and each holder hereof, their officers, agents and employees, from any liability or cause of action by reason of any cancellation, when such cancellation is in conformity with the laws of the State of Florida."

The Office feels that this language is contrary to Section 627.842(3), Florida Statutes, and we suggest that language similar to the following be substituted therefor:

"When cancellation by the premium finance company is in accordance with the laws of the State of Florida, the company is not responsible for consequential damages, and the prevailing party shall collect costs and attorney's fees from the other party in any action filed as a result of cancellation of the policy initiated by the premium finance company."

5. Often contracts contain a provision similar to the following:

"The company may advance to the assured's agent or the insuring company any additional premiums that may become due, less normal down payment adding the advance amount, plus any finance charge to his/her present contract balance."

Language similar to the following is suggested as a substitute:

"Upon request of the insured, the premium finance company may advance to the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to his/her present contract."

The request must be in writing, either by letter from the insured or through the use of an Additional Premium Request form. If you choose to utilize the Additional Premium Request form, it must be submitted to the Office for review and approval as indicated below.

#### Standard Cancellation Notice

1. Due to a change in the numbering of the various sections of Chapter 627, there is an error in the Standard Cancellation Notice referring to Chapter 627, Part XIV, Florida Statutes. That reference should actually be to Chapter 627, Part XV, Florida Statutes.
2. Section 627.848(3), Florida Statutes, requires that the language regarding financial responsibility must be in twelve (12) point type.
3. All parts of any multi-part form must be printed on pink paper.

### Ten (10) Day Notice of Intent to Cancel

1. We further recommend that the Ten(10) Day Notice of Intent to Cancel contain the same language as is required on the Standard Cancellation Notice with regard to financial responsibility. This language may be found in Section 627.848(3), Florida Statutes. Please note that while this is not required, it is recommended and there is no necessity that it be in the type size required for the Cancellation Notice.
2. All print should be a minimum of 8 points in size.

### Other Forms

Section 627.847, F. S. requires that no premium finance agreement or related form is to be used in this state unless it has been filed with and approved by the Office. The only forms required by statute to be used by every premium finance company are a premium finance agreement, 10-day notice of intent to cancel, and cancellation notice. However, if a premium finance company uses other forms such as drafts, coupons, additional premium request forms, standard collection letters, or the like, these forms must be filed, together with the required form filing fee (Section 627.849, F.S.), and approved by the Office, prior to use.



**Office of Insurance Regulation**  
**Company Admissions**

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**APPLICATION FOR LICENSE  
PREMIUM FINANCE COMPANY**

This package is designed to assist individuals in preparing the application with all the information required by statute and to facilitate expeditious processing of the application by this Office.

PLEASE NOTE: THE COMPLETED CHECK LIST MUST BE SUBMITTED WITH THE APPLICATION PACKAGE.

The completed application package must be submitted to the Office by utilizing the following link:

<http://www.floir.com/iportal>

and select iApply – Online Company Admissions

If this package requires submission of forms and/or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <http://www.floir.com/iportal> and select "Form & Rate Filing Assembly and Submission" to begin the submission of forms and/or rates.

If this package requires original documents, in lieu of providing original paper documents, the Applicant is directed to submit a PDF of the original document(s) unless otherwise required by Florida Statutes.

Any questions concerning this application package or iApply may be directed to [pcappcoord@floir.com](mailto:pcappcoord@floir.com)

**In order for a submission to be considered a complete application, all required information must be included in the filing. Filings that do not include all required information will be disapproved or returned.**



**APPLICATION FOR LICENSE  
PREMIUM FINANCE COMPANY**

**INSTRUCTIONS  
SECTION I - APPLICATION FEES AND FORM**

**Section I-1    License Fee**

A license fee of \$250 must accompany each application as required by Sections 627.828(4) and 627.849(1)(a), Florida Statutes.

**Section I-2    Investigation Fee**

An investigation fee of \$100 must accompany each application as required by Sections 627.828(4) and 627.849(1)(b), Florida Statutes.

**Section I-3    Fingerprint Processing Fee**

Applicants are required to prepay electronically a fee for the processing of the fingerprint cards required in Section IV-4. Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure for instructions.

**Section I-4    Application for License to Conduct Business as a Premium Finance Company in the State of Florida.**

An original signature by the applicant's president must appear on this form under corporate seal. If the corporation does not have a seal, a letter signed by the corporate secretary must be provided stating that the corporation does not have a seal.

**APPLICATION FOR LICENSE  
PREMIUM FINANCE COMPANY**

**INSTRUCTIONS  
SECTION II - LEGAL**

**Section II-1 Articles of Incorporation**

Provide the applicant's Articles of Incorporation and all amendments if the applicant is a corporation. They must be recently certified by the official public records custodian in the applicant's state of domicile. The certification letter must be an original. If the applicant is not a corporation, include the articles of association, partnership agreement, trust agreement, or other similar documents, together with all amendments to such documents.

**Section II-2 Certificate of Status from State of Domicile**

Provide an original certificate of status from the applicant's state of domicile. A certificate of status is a document issued by the applicant's state of domicile public records custodian for corporate records, generally the Secretary of State. The certificate documents that the applicant is duly organized and that all state taxes and fees have been paid. The certificate must show good standing, be sealed by the state, and be a recently prepared original document, not a photocopy.

**Section II-3 Company Bylaws or Similar Documents**

Provide a copy of the applicant's current bylaws, rules, regulations, or similar documents regulating the conduct of the applicant's internal affairs. Corporate bylaws must be sealed, signed, and dated by the secretary of the applicant company. No signatures other than the secretary's will be accepted. The secretary's statement must also be recently dated.

**Section II-4 Certificate of Status from Florida Secretary of State**

Provide a certificate of status from the Florida Secretary of State if the applicant is a foreign corporation. All foreign corporations are required to secure, through the office of the Secretary of State of Florida, a charter to do business in Florida.

If you have any questions concerning filing with the Secretary of State, please contact their Division of Corporations at (850) 245-6051.

The Secretary of State will mail you a Certificate of Status. This original certificate must be forwarded to the Office of Insurance Regulation as part of your premium finance application as proof of your filing with the Secretary of State as a foreign corporation.

**Important Note:** The Secretary of State will issue a charter to a premium finance company before the Office of Insurance Regulation completes its processing of an application for a license. This charter authorizes the company to engage in any type of business except insurance. Your company may not engage in the business of premium financing in Florida until it has been issued a license by the Commissioner of Insurance Regulation.

#### **Section II-5 Fictitious Name Filing**

Provide documentation of your compliance with Section 865.09, Florida Statutes, dealing with fictitious names if the applicant plans to utilize a fictitious name. Contact the Florida Secretary of State at the following telephone number for assistance in complying with these requirements (850) 245-6058.

## **APPLICATION FOR LICENSE PREMIUM FINANCE COMPANY**

### **INSTRUCTIONS SECTION III - FINANCIAL**

#### **Section III-1 Financial Requirements**

All applicants are required to have a statutory net worth of \$35,000 attested to by two officers of the company or a surety bond in the amount of \$35,000 and a statutory net worth of \$10,000 attested to by two officers of the company.

As noted above, if the applicant elects to maintain a \$10,000 statutory net worth, a

\$35,000 surety bond will be required to be submitted with the application. Accordingly, an Office approved blank copy of a surety bond form is enclosed. Have the Florida resident agent of the surety company complete the blanks on the form and return it with your application. **-OR-**

If the applicant elects a \$10,000 minimum statutory net worth, a deposit of \$35,000 can be arranged with the Bureau of Collateral Management. They may be contacted at (850) 413-3167.

All applicants are required to maintain and show proof of, at all times, an errors and omissions insurance policy of no less than \$500,000 covering the acts of its officers, employees and agents. The policy may contain reasonable deductibles not to exceed 2 percent of the policy limits. Please return proof of this coverage with your application.

#### **Section III-2 Plan of Operations**

Provide the following information so that the Office will have a clear understanding of the present and proposed operations of the applicant:

- (A) **Marketing and Growth.** Provide a statement setting forth a projection of the volume of business the applicant anticipates writing for the next three years. Include an initial marketing plan for the proposed premium finance company.
- (B) **Additional Sources of Capital.** Provide a statement as to what sources of capital would be available to the applicant during periods of negative cash flow and what arrangements may have been made for handling volume which may exceed the applicant's capacity. This pertains to any controls which the applicant may have in place to prevent acceptance of contracts in excess of the applicant's capacity to finance them, to obtain additional financing, or to notify the agent to use another premium finance company until further notice.

If your plan includes the use of personal resources of the owners of the applicant, a Personal Financial Statement form must be provided for each owner. (Official form enclosed).

If your plan includes use of the resources of affiliated or parent organization(s), audited financial statements of these organizations must be provided for the past three years. If no audit was performed, the financial statements must be prepared in accordance with generally accepted accounting principles and be attested to by the president and secretary of the organization (or persons holding similar positions, if not a corporation).

If the applicant intends to utilize a line of credit with a bank or other financial institution as a source of additional capitalization, a letter from the financial entity must be presented which verifies the existence or approval of the line of credit. Only a financial institution licensed as a premium finance company or exempt from the license requirement in accordance with Section 627.826, Florida Statutes, is eligible to accept premium finance contracts as collateral for loans.

- (C) **Assignments.** Provide a statement as to what arrangement may have been made for assigning contracts to another premium finance company, including complete details concerning the procedure to be followed in making assignments, to whom they will be made, on what terms, how and when the contracts are to be funded and by whom, and verify that the assignment will be with recourse against the assigning company.
- (D) **Types of Insurance Financed.** Provide a list of the types of insurance the applicant will finance (life insurance cannot be financed).
- (E) **Other Business Conducted.** If business other than financing premiums will be conducted on the licensed premises, provide a statement as to what other business will be conducted and by whom.
- (F) **Branches, Subsidiaries, and Affiliates.** If the applicant has one or more branches, subsidiaries, or affiliates, provide a listing of the complete names and addresses of such places of business, together with a statement as to precisely where the applicant will make available all relevant books, records, accounts and documents.

### **Section III-3 Managerial Experience**

Provide a statement giving the length of time that the applicant has managed a business, including dates of operation, location, licenses required (if any), and the name and nature of the business. If the applicant has no prior premium finance experience, provide an explanation of the steps taken or experience possessed by the principals in other areas that will insure that the applicant has sufficient managerial experience to avoid becoming a hazard to the insurance-buying public.

**APPLICATION FOR LICENSE  
PREMIUM FINANCE COMPANY**

**INSTRUCTIONS  
SECTION IV - MANAGEMENT**

Names requested in this section should include complete first, middle and last names.

**Section IV-1 List of All Officers, Directors, and Shareholders**

- A. List on the enclosed form, Complete List of Officers, Directors, and Shareholders (10% or more), the names of each officer, director, and person having direct or indirect control of the organization, including officers and directors up through the ultimate parent corporation or holding company. Use a separate form for each company.

Include on this form the names of each shareholder owning ten percent (10%) or more of any class of any outstanding stock of the organization, including shareholders owning ten percent (10%) or more up through the ultimate parent corporation, together with the percentage, number of shares, and class of shares held by each shareholder. If any 10% or greater owner is an entity other than a natural person, please list the owners, officers, directors, and managing members of this entity on the referenced forms. Use a separate form for each company.

- B. If the applicant is a subsidiary of a parent or holding company, provide an organization chart showing the relationship of all related corporations.
- C. Full names, including middle names, must be listed. Please state if a middle name does not exist.

**Section IV-2 Biographical Affidavit for Officers, Directors and Shareholders**

Provide a Biographical Affidavit (Form OIR-C1-1423) for each officer, director, and shareholder listed in Section IV-1 except for those companies in the organizational structure between the immediate parent and the ultimate parent. All questions must be answered. If, however, the biographical affidavits are currently on file and are not more than two years old, no submission is necessary.

The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from

section 119.07(1), Florida Statutes, and section 24(a), Art. 1 of the State Constitution and must be segregated on a separate page. Therefore, instead of including the SSN on page 6 of the NAIC form, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also, please mark CONFIDENTIAL at the top and bottom of the separate page.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to ensure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

### **Section IV-3 Background Investigative Report**

A Background Investigative Report must be provided for each person listed in Section IV-1 above except for those companies in the organizational structure between the immediate parent and the ultimate parent. Background reports must be submitted by the selected background investigator vendor directly to the Office prior to or contemporaneously with the submission of the application filing. Please refer to Form OIR- C1-905 for instructions.

### **Section IV-4 Fingerprint Cards**

Fingerprint cards must be completed for each person listed in Section IV-1. **No fingerprint cards, other than those furnished by the Office, will be accepted.** The cards will be furnished by the Office upon request. These cards must be completed at a law enforcement or similar type agency and returned to this Office for processing. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure for instructions.

**APPLICATION FOR LICENSE  
PREMIUM FINANCE COMPANY**

**INSTRUCTIONS  
SECTION V - FORMS AND RATES**

**Section V-1 Forms**

Provide 3 copies of each form to be used in connection with the financing of insurance premiums. Use of the first three forms named below are required of all premium finance companies. Use of other forms is optional; however, if other forms are to be used, they must be submitted for approval.

- A. Premium Finance Agreement
- B. Ten Day Notice of Intent to Cancel Form
- C. Standard Cancellation Notice Form - all copies must be printed on pink paper
- D. Other Forms

**Section V-2 Service Charge and Interest Rate Plan**

Provide three copies of the Service Charge and Interest Rate Plan proposed to be charged, including all modifications of service charges and interest rates to be paid by the insured or others under a Premium Finance Agreement.



**APPLICATION FOR LICENSE  
PREMIUM FINANCE COMPANY**

**CHECK LIST  
SECTION I - APPLICATION FORMS AND RELATED FEES**

Applicant Name: \_\_\_\_\_

<u>Item #</u>		<u>Check List</u>
1.	Specialty insurer license fee paid .....	<input type="checkbox"/>
	(a) Copy of Invoice included (Official Form) .....	<input type="checkbox"/>
	(b) Copy of check .....	<input type="checkbox"/>
	(c) Original mailed to Bureau of Financial Services.....	<input type="checkbox"/>
2.	Fingerprint fees paid electronically .....	<input type="checkbox"/>
	(a) Copy of on-line payment confirmation .....	<input type="checkbox"/>
3.	Applicant completed application for license (Official Form) .....	<input type="checkbox"/>
	(a) All information provided .....	<input type="checkbox"/>
	(b) Sealed by applicant or letter stating no corporate seal exists .....	<input type="checkbox"/>
	(c) Signed by president and secretary .....	<input type="checkbox"/>

**APPLICATION FOR LICENSE  
PREMIUM FINANCE COMPANY**

**CHECK LIST  
SECTION II - LEGAL DOCUMENTS**

Applicant Name: \_\_\_\_\_

<u>Item #</u>		<u>Check List</u>
1.	Organizational Documents - Original .....	<input type="checkbox"/>
	(a) Articles of Incorporation .....	<input type="checkbox"/>
	(1) Original certification by state of domicile .....	<input type="checkbox"/>
	(2) Articles with all amendments attached .....	<input type="checkbox"/>
	(b) Articles of Association .....	<input type="checkbox"/>
	(c) Partnership Agreement.....	<input type="checkbox"/>
	(d) Trust Agreement .....	<input type="checkbox"/>
	(e) Other .....	<input type="checkbox"/>
2.	Certificate of Status from state of domicile (Original) .....	<input type="checkbox"/>
	(a) Good standing indicated.....	<input type="checkbox"/>
	(b) Sealed by state .....	<input type="checkbox"/>
	(c) Signed by proper public official .....	<input type="checkbox"/>
3.	Company Bylaws (or similar documents (Original)).....	<input type="checkbox"/>
	(a) Signed and dated by secretary (Original) .....	<input type="checkbox"/>
	(b) Corporate Seal (as applicable) .....	<input type="checkbox"/>
4.	Certificate of Status from Florida Secretary of State (Foreign Corporations Only) Original provided .....	<input type="checkbox"/>
5.	Fictitious Name Certificate (if applicable) - Original.....	<input type="checkbox"/>

**APPLICATION FOR LICENSE  
PREMIUM FINANCE COMPANY**

**CHECK LIST  
SECTION III - FINANCIAL**

Applicant Name: \_\_\_\_\_

<u>Item #</u>		<u>Check List</u>
---------------	--	-------------------

- |    |  |                          |
|----|--|--------------------------|
| 1. | Current Financial Statements .....   | <input type="checkbox"/> |
|    | (a) Not over twelve months old .....   | <input type="checkbox"/> |
|    | (b) Net worth of at least \$35,000 or \$10,000 (See 1.d. below) .....  | <input type="checkbox"/> |
|    | (c) Verified under oath by two corporate officers .....  | <input type="checkbox"/> |
|    | (d) \$35,000 Surety Bond if the \$10,000 minimum net worth election<br>is made <b>-or-</b> .....                 | <input type="checkbox"/> |
|    | (e) \$35,000 deposit with Bureau of Collateral Management if \$10,000<br>minimum net worth election is made..... | <input type="checkbox"/> |
|    | (f) Proof of Errors and Omissions Insurance Coverage .....   | <input type="checkbox"/> |
| 2. | Current Financial Statements of Parent and affiliates (if applicable) .....                                      | <input type="checkbox"/> |
|    | (a) Not over twelve months old .....   | <input type="checkbox"/> |
|    | (b) Must have a positive net worth .....   | <input type="checkbox"/> |
|    | (c) Verified under oath by two corporate officers .....  | <input type="checkbox"/> |
| 3. | Plan of Operations   |                          |

**NOTE IF THE INFORMATION BELOW IS NOT PROVIDED AS INDICATED.  
THE APPLICATION MAY BE RETURNED**

- |     |   |                          |
|-----|---|--------------------------|
| (a) | 3-year projection of volume of business and initial marketing plan.....   | <input type="checkbox"/> |
| (b) | Sources of additional capital .....   | <input type="checkbox"/> |
|     | If personal resources, personal financial statements are also<br>required (Official Form) .....                       | <input type="checkbox"/> |
|     | If resources of parent organization, financial statements of<br>controlling entity for the past three (3) years ..... | <input type="checkbox"/> |
|     | If line of credit, verification .....   | <input type="checkbox"/> |

- (c) Statement regarding assignments ..... ☐
- (d) A list of the types of insurance to be financed ..... ☐
- (e) A statement indicating other business to be conducted on  
licensed premises ..... ☐
- (f) A list of the names and addresses of branches, subsidiaries,  
or affiliates ..... ☐
- Location of books and records indicated ..... ☐
- 4. Statement of managerial experience ..... ☐
  - (a) Include dates, location, nature and names of operations ..... ☐
  - (b) If no premium finance experience, explanation of competency  
of management in this field ..... ☐

**APPLICATION FOR LICENSE  
PREMIUM FINANCE COMPANY**

**CHECK LIST  
SECTION IV - MANAGEMENT**

Applicant Name: \_\_\_\_\_

<u>Item #</u>		<u>Check List</u>
---------------	--	-------------------

- |    |   |                          |
|----|---|--------------------------|
| 1. | Listing of officers, directors, controlling individuals, and shareholders .....   | <input type="checkbox"/> |
|    | (a) Separate listing of all officers, directors, controlling individuals,<br>And shareholders including percentage held and number and<br>Class of shares for the company and its parents and/or holding<br>Companies (Official Form) ..... | <input type="checkbox"/> |
|    | (b) If parent company indicated, organization chart .....   | <input type="checkbox"/> |
|    | (c) Full Names and titles listed (including full middle name or indication<br>If one does not exist).....   | <input type="checkbox"/> |
| 2. | Biographical Statement and Affidavit for each individual listed in<br>Section IV-1 (Official Form) .....  | <input type="checkbox"/> |

For each form:

- |     |   |                          |
|-----|---|--------------------------|
| (a) | All blanks completed .....  | <input type="checkbox"/> |
| (b) | Contains original signature .....   | <input type="checkbox"/> |
| (c) | Notarized (original) .....  | <input type="checkbox"/> |
| (d) | Full name given (including full middle name or indication<br>if one does not exist) ..... | <input type="checkbox"/> |
| (e) | Submitted an original of each affidavit.....  | <input type="checkbox"/> |
| (f) | Provide Social Security Number on separate page .....                                     | <input type="checkbox"/> |

3. Background Investigative Report for each individual listed in  
Section IV-1 ..... ☐
4. Fingerprint Cards for each individual listed in Section IV-1 ..... ☐
- For each card:
- (a) Card obtained from Office of Insurance Regulation ..... ☐
- (b) Card contains original signature ..... ☐
- (c) No erasures on or alteration of card ..... ☐
- (d) All blanks completed ..... ☐

**APPLICATION FOR LICENSE  
PREMIUM FINANCE COMPANY**

**CHECK LIST  
SECTION V - FORMS AND RATES**

Applicant Name: \_\_\_\_\_

<u>Item #</u>		<u>Check List</u>
---------------	--	-------------------

1. Forms

a. Premium Finance Agreement form - 3 copies ..... ☐

b. Ten Day Notice of Intent to Cancel - 3 copies ..... ☐

c. Standard Cancellation Notice - 3 copies ..... ☐

All copies printed on pink paper ..... ☐

d. Other - 3 copies of each form - (If not listed, please list):

Draft ..... ☐

Coupon ..... ☐

Additional Premium Request ..... ☐

\_\_\_\_\_ ☐

\_\_\_\_\_ ☐

\_\_\_\_\_ ☐

\_\_\_\_\_ ☐

\_\_\_\_\_ ☐

2. Service Charge and Rate Plan - 3 copies ..... ☐

**RETURN THE COMPLETED CHECK LIST WITH THE APPLICATION  
PACKAGE**

## CHECKLIST VERIFICATION

The undersigned says that he/she is a senior officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with licensure sought by \_\_\_\_\_, that he/she has read said application, that he/she knows the contents thereof and verifies that the items indicated in the application checklist have been submitted with the application, that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the applicant on behalf which the person acted, executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Give full and exact name of Applicant)

\_\_\_\_\_  
Signature of President, Secretary, or Treasurer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Title



**APPLICATION FOR LICENSE TO CONDUCT BUSINESS  
IN THE STATE OF FLORIDA  
PREMIUM FINANCE COMPANY**

\_\_\_\_\_, 20\_\_\_\_

TO THE INSURANCE COMMISSIONER,  
TALLAHASSEE, FLORIDA

SIR: The \_\_\_\_\_  
(Give name of company or association in full)

Federal Identification Number \_\_\_\_\_

of

\_\_\_\_\_ Home Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

through its duly authorized officers, hereby applies for license authorizing and empowering the Company or Association aforesaid to transact the business of premium financing in the State of Florida, under the laws thereof, during the year ending September 30, 20\_\_\_\_, and do hereby affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.

By \_\_\_\_\_  
President or Chief Executive Officer

Attest \_\_\_\_\_  
Secretary

(Corporate Seal)

Name of Attorney or Principal filing this application:

\_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

2. a. Are you a citizen of the United States?

Yes ☐ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☐

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: \_\_\_\_\_

4. Affiant's business address: \_\_\_\_\_

Business telephone: \_\_\_\_\_ Business Email: \_\_\_\_\_

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
---------------------------	-------------------	-------------------------------	------------------------

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
-------------------------	---------------------------	-------------------	-------------------------------	------------------------

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
-----------------------------	-------------------	-------------------------------	--------------------------------------

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
--	---------------------	---	--

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Present or proposed position with the Applicant Company: \_\_\_\_\_

\_\_\_\_\_

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☐

If any claims were made on the bond, give details: \_\_\_\_\_

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☐

If yes, give details: \_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

\_\_\_\_\_

\_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☐

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☐

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☐

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☐

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☐

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☐

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☐

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☐ No ☐

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes ☐ No ☐

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☐

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

\_\_\_\_\_  
\_\_\_\_\_

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person,

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_  
\_\_\_\_\_

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☐

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☐

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. \_\_\_\_\_

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☐

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☐

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Yes ☐ No ☐

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

\_\_\_\_\_  
(Signature of Affiant)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

☐ who is personally known to me, or

☐ who produced the following identification: \_\_\_\_\_.

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

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1. Affiant's Full Name (Initials Not Acceptable): First:\_\_\_\_\_ Middle:\_\_\_\_\_ Last:\_\_\_\_\_

IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS  
COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes ☐ No ☐

If yes, give the reason if any, if NONE indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If NONE, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

3. Affiant's Social Security Number: \_\_\_\_\_

4. Government Identification Number if not a U.S. Citizen: \_\_\_\_\_

5. Foreign Student ID# (if applicable) : \_\_\_\_\_



Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

6. Date of Birth: (MM/DD/YY) : \_\_\_\_\_ Place of Birth, City: \_\_\_\_\_  
State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

7. Name of Affiant's Spouse (if applicable) : \_\_\_\_\_

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

\_\_\_\_\_  
(Signature of Affiant)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

☐ who is personally known to me, or

☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

## DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact \_\_\_\_\_ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, and:

☐ who is personally known to me, or

☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
**(Minnesota and Oklahoma)**

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ **[company name]** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ **[company's designated person, position, or department, address and phone]**.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- ☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- ☐ who is personally known to me, or  
☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
**(California)**

This Disclosure and Authorization is provided to you in connection with a pending application of \_\_\_\_\_ **[company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through \_\_\_\_\_ **[name of CRA, address]** (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ **[company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- ☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- ☐ who is personally known to me, or  
☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.



## **Florida Office of Insurance Regulation**

### **Management Information Form**

Provide a complete listing of the individuals or entities managing, owning, or exercising control over the entity named below, i.e., Incorporators, Officers, Directors, 10% or Greater Shareholders, Partners, Proprietors, Management Company Principals, Association Members, Trustees, Key Individuals, and other like positions (5% if an HMO). Please type or print clearly.

Name of Entity: \_\_\_\_\_

<b>Name</b>	<b>Title (e.g.: President)</b>	<b>Position (e.g.: Officer)</b>	<b>Ownership %</b>
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\*Additional pages in like format may be attached as necessary

**OIR-C1-2221**

**Rev.: 6/20**

**Rule: 690-196.015**



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M E M O R A N D U M

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**DATE:** January 8, 2021

**TO:** David Altmaier, Commissioner, Office of Insurance Regulation

**THROUGH:** Anoush Brangaccio, General Counsel

**FROM:** Michael Lawrence, Jr., Chief Legal Counsel

**SUBJECT:** Cabinet Agenda for February 2, 2021  
Request for Approval to Publish and the Final Approval to Adopt Amendments to  
Rules 69O-198.001, .002, .005, .010, .011, .012, .013, .015  
Assignment # 252635-19

The Office of Insurance Regulation ("Office") requests that these proposed rule amendments be presented to the Cabinet aides on or before January 27, 2021, and to the Financial Services Commission on February 2, 2021, with a request for Final Approval to Adopt the proposed rule and for final adoption if no member of the public timely requests a rule hearing or if a hearing is requested and no notice of change is needed.

The notice of development of rulemaking was published on November 5, 2020, in Volume 46, No. 217, of the *Register*. The Office did not receive a request to hold a workshop.

P&C and legal reviewed all the rules in Chapter 198, F.A.C., to determine if any rules should be amended or repealed. Rules 69O-198.001 and 69O-198.002 are being repealed because they do not meet the definition of a "rule" under section 120.52(16), F.S. Rule 69O-198.005, F.A.C., is amended to update the financial requirements.

Rule 69O-198.010, F.A.C., is being repealed and the license continuance requirements are moved into Rule 69O-198.011, F.A.C, to combine all application requirements in a single rule. This rule will later be transferred to Chapter 136, F.A.C., as part of the ongoing applications project.

Rule 69O-198.012, F.A.C., is amended to update the annual statement requirements. Rule 69O-198.013, F.A.C., is created since this notification requirement is removed from Rule 69O-198.011, F.A.C. Rule 69O-198.015, F.A.C., is repealed due to all the forms being directly incorporated into other rules in the chapter.

Updating forms to conform to new notary requirements due to Chapter 2019-71, Laws of Florida, and to update the rule to incorporate application forms currently used by OIR.


Sections 624.424, 634.402, 634.404, 634.406, 634.407, 634.408, 634.409, 634.413, 634.415, and 634.4165, F.S., are the rulemaking authority and laws implemented for this rule.

Attached are the proposed rules.

Approved for signature:

  
Anoush Brangaccio, General Counsel

Approved for submission to Financial Services  
Commission:

  
David Altmaier, Commissioner  
Office of Insurance Regulation

## CHAPTER 69O-198 SERVICE WARRANTY ASSOCIATIONS

69O-198.001	Purpose
69O-198.002	Scope
69O-198.005	Financial Requirements
69O-198.010	License Continuance
69O-198.011	Application for and Issuance of License
69O-198.012	Annual Statement
69O-198.013	Change in Corporate or Business Name
69O-198.015	Forms Incorporated by Reference

### **69O-198.001 Purpose.**

~~The purpose of this rule chapter is to implement the provisions of part III, chapter 634, Florida Statutes. These rules establish standards and procedures necessary for the proper administration of the Office's duties pursuant to part III, chapter 634, F.S.~~

*Rulemaking Authority 634.402 FS. Law Implemented 634, Part III FS. History—New 6-3-84, Formerly 4-67.01, Amended 12-26-88, Formerly 4-67.001, 4-198.001, Repealed.*

### **69O-198.002 Scope.**

~~This rule chapter applies to service warranty associations regulated pursuant to part III of chapter 634, F.S. Failure to strictly comply with these rules may result in the suspension, revocation or non-renewal of the license issued by the Office or the assessment of an administrative fine as provided in section 634.413, F.S.~~

*Rulemaking Authority 634.402 FS. Law Implemented 634.409, 634.413 FS. History—New 6-3-84, Formerly 4-67.02, Amended 12-26-88, Formerly 4-67.002, 4-198.002, Repealed.*

### **69O-198.005 Financial Requirements.**

Requirements regarding the funded, unearned premium reserve account.

(1) "Gross Written Premiums" means the total amount of premiums paid by the consumer, inclusive of commissions, for which the association is obligated. Obligated means outstanding warranties in force which have not expired or been canceled and a refund made to the consumer.

(2) Written contracts are required on all sales made between the service warranty association and the consumer. The serially pre-numbered contract shall include the selling price to the ultimate consumer, issuing sales representative, date issued, name of warranty holder and their street address, warranty period, and other pertinent information relative to the transaction. Copies of all warranty contracts shall be maintained by the association for a period of at least four years after expiration of the contract.

(3) Each service warranty association shall maintain a warranty register. The register shall include at least the following items.

- (a) Contract number;
- (b) Date issued;
- (c) Issuing sales representative;
- (d) Name of warranty holder and their street address;
- (e) Warranty period;
- (f) Net Premium;
- (g) Commission to sales representative;
- (h) Gross premium; and,
- (i) Location of Property.

(4) The gross premium shall be the greater of either the total amount of premium paid by the ultimate consumer (selling price), inclusive of commissions, or that selling price paid for the warranty by the retail store or sales representative plus any commission.

(5) The unearned premium reserve account is calculated as follows:

(a) ~~The For all one year contracts, the minimum reserve for all service warranty associations shall be 25 percent of the gross written premium received on all warranty contracts in force, in this state, for which the association is obligated on all contracts wherever issued.~~

(b) For contracts in excess of two years which are offered by associations having net assets of less than \$500,000 and for which premiums are collected in advance for coverage in a subsequent year, 100 percent of the premiums for such subsequent years must be placed in the funded unearned premium reserve account. For all multiyear contracts issued in any state:

1. ~~For companies having less than \$500,000 net assets, the reserve shall initially be calculated at 25 percent for the first year premium and 100 percent for each subsequent year's premium for all gross written premiums for which the association is obligated. As each subsequent year becomes current, 75 percent of that current year's premium is earned and shall be subtracted from the reserve. The reserve is maintained until the expiration of the multiyear policy.~~

~~Example:~~

~~The reserve shall be calculated as follows on a three year contract with a selling price of \$300.00.~~

<del>First Year</del>	<del>\$225.00</del>
<del>Second Year</del>	<del>\$150.00</del>
<del>Third Year</del>	<del>\$75.00</del>

2. ~~For companies that have more than \$500,000 net assets, the reserve shall be calculated at 25 percent of the gross written premiums for which the association is obligated.~~

~~Example:~~

~~The reserve shall be calculated as follows on a three year contract with a selling price of \$300:~~

<del>First Year</del>	<del>\$75.00</del>
<del>Second Year</del>	<del>\$75.00</del>
<del>Third Year</del>	<del>\$75.00</del>

(6) The unearned premium reserve account shall be totally funded at all times by unencumbered assets. Those prescribed assets funding the unearned premium reserve shall be clearly designated for this purpose and such reserve account must be a separate auditable account for contracts in force in this state.

(7) No warranty seller may allow its gross written premiums in force for contracts written in this state to exceed a 7-to-1 ratio to net assets ~~Requirements regarding the ratios required by sections 634.406(3) and (4), F.S.~~

~~The ratio requirement is a calculation of the ratio of gross written premiums (for which the association is obligated wherever written in any state) to net assets.~~

(8)(a) All service warranty associations utilizing a funded unearned premium reserve account for contracts in force in this state shall deposit with the Department Office a reserve deposit equal to 10% of the gross written premiums received in force on all Florida warranty contracts in this state.

(b) The deposit required in section 634.405(1), F.S., may be used in the funding of the 10% reserve deposit required under section 634.406(1), F.S.

(9) Requirements Regarding the Contractual Liability Policy. Contractual liability insurance may be purchased only from an admitted property and casualty insurer whose certificate of authority indicates that it may issue this type of policy and which has been approved by the Office. All insurers issuing contractual liability policies to service warranty associations must, at a minimum, use policy provisions providing policyholder protection substantially equivalent to and not materially in conflict with that provided in the sample ~~contractual liability policy Form OIR-C1-969 form OIR-969~~, incorporated by reference in Rule 69O-198.011 rule 69O-198.015, F.A.C. A policy is in violation of this subsection only if it is in violation of a statute or rule.

*Rulemaking Authority 634.402 FS. Law Implemented 634.406(1), (3), (4), 634.4165 FS. History--New 12-26-88, Formerly 4-67.005, Amended 4-26-90, 3-28-93, 4-3-94, Formerly 4-198.005, Amended \_\_\_\_\_.*

#### **69O-198.010 License Continuance.**

(1)(a)1. ~~All service warranty association licenses shall continue in force as long as the service warranty association is in compliance with the provisions of chapter 634, part III, F.S.~~

2. ~~The qualified license holder shall file for continuance of its license on the form prescribed by the Office.~~

3. ~~Failure to submit the application for continuance by March 1 shall result in expiration of the license and will require the filing of a new application for licensure.~~

(b) ~~Form OIR-A3-110 and a fee of \$200.00 should be received by the Office annually in conjunction with the March 1 filing of the annual statement.~~

(c) ~~A manufacturer or affiliate should use Form OIR-A3-955, which should be received by the Office annually in conjunction with the March 1 filing of the annual statement, together with a fee of \$500.00.~~

~~(2) Any licensee who fails to renew said license shall immediately cease and desist from engaging in the Service Warranty business in the State of Florida. The association shall honor those warranty contracts in force until date of expiration or date of cancellation and a refund made to the consumer.~~

~~(3) Forms are available at <https://www.flair.com/portal>. All filings shall be submitted electronically to <https://www.flair.com/portal>.~~

*Rulemaking Authority 634.402 FS. Law Implemented 624.424, 634.408 FS. History—New 12-26-88, Formerly 4-67.010, Amended 3-28-93, Formerly 4-198.010, Amended 7-30-17, Repealed \_\_\_\_\_.*

#### **690-198.011 Application for and Issuance of License and License Continuance.**

Substantial rewording of Rule 690-198.011, F.A.C. follows. See Florida Administrative Code for present text.

##### (1) Application for License as a Service Warranty Association

(a) An application for a person applying for a license as a service warranty association consists of the following:

1. Form OIR-C1-997, “Application for License Service Warranty Association,” effective 12/18, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);

2. Form OIR-A3-455, “Home or Service Warranty Association Surety Bond,” effective 5/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);

3. Form OIR-C1-144, “Service of Process Consent & Agreement,” effective 6/04, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);

4. Form OIR-C1-905, “Instructions for Furnishing Background Investigative Reports,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);

5. Form OIR-C1-938, “Fingerprint Payment and Submission Procedures,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);

6. Form OIR-C1-969, “Contractual Liability Policy,” effective 5/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);

7. Form OIR-C1-995, “List of Proposed Sales Representatives,” effective 10/05, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);

8. Form OIR-C1-1423, “Biographical Affidavit,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX); and

9. Form OIR-C1-2221, “Management Information Form,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX).

(b) A person applying for a license as a service warranty association shall submit forms listed in paragraph

(1)(a) as directed by the Office electronically at <https://www.flair.com/portal>.

##### (2) License Continuance for Service Warranty Association

(a)1. A service warranty association’s license shall continue in force as long as the licensee is in compliance with the provisions of chapter 634, part III, F.S.

2. Failure to submit the application for continuance by March 1 shall result in expiration of the license and will require the filing of a new application for licensure.

(b) A licensee seeking to continue operating as a service warranty association shall submit the following:

1. Form OIR-A3-110, “License Continuance Form Service Warranty Association,” effective 5/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX), filed electronically at <https://www.flair.com/portal>; and

2. A fee of \$200.00 filed annually in conjunction with the March 1 filing of the annual statement.

(c) Any licensee who fails to renew a service warranty association license shall immediately cease and desist from engaging in the service warranty business in the state of Florida. The service warranty association shall honor those service warranty contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.

##### (3) Application for License as a Service Warranty Association Manufacturer or Affiliate

(a) An application for a person applying for a license as a service warranty association manufacturer or affiliate consists of the following:

1. Form OIR-C1-989, “Application for License Service Warranty Association Manufacturer or Affiliate,” effective 12/18, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);

2. Form OIR-C1-144, incorporated by reference in paragraph (1)(a);

3. Form OIR-C1-969, incorporated by reference in paragraph (1)(a); and

4. Form OIR-C1-2221, incorporated by reference in paragraph (1)(a).
- (b) A person applying for a license as a service warranty association shall submit forms listed in paragraph (3)(a) as directed by the Office electronically at <https://www.flor.com/iportal>.
- (4) License Continuance for Service Warranty Association Manufacturer or Affiliate
- (a)1. A service warranty association manufacturer or affiliate's license shall continue in force as long as licensee is in compliance with the provisions of chapter 634, part III, F.S.
2. Failure to submit the application for continuance by March 1 shall result in expiration of the license and will require the filing of a new application for licensure.
- (b) A licensee seeking to continue operating as a service warranty association manufacturer or affiliate shall submit the following:
1. Form OIR-A3-955, "License Continuance Form Service Warranty Association Manufacturer or Affiliate," effective 5/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX), filed electronically at <https://www.flor.com/iportal>; and
2. A fee of \$500.00 filed annually in conjunction with the March 1 filing of the annual statement.
- (c) Any licensee who fails to renew a service warranty association license shall immediately cease and desist from engaging in the service warranty business in the state of Florida. The service warranty association shall honor those service warranty contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.

*Rulemaking Authority 634.402 FS. Law Implemented 624.424, 634.407, 634.408 FS. History—New 3-28-93, Formerly 4-198.011, Amended \_\_\_\_\_.*

#### **690-198.012 Annual Statement.**

(1) ~~An~~ Annual Statements are ~~Statement~~ is required to be filed with the Office of Insurance Regulation, on or before March 1 of each year, on Form OIR-A3-456, "Annual Statement for Service Warranty Association," effective 5/20, ~~(05/90)~~ hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX), and Form OIR-A3-458, "Annual Statement for Publicly Held Corporation," effective 5/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX). The filings shall be submitted electronically via the Office's system at <https://www.flor.com/iportal>, as incorporated by reference in subsection 690-198.015(1), F.A.C. If the Annual Statements are ~~statement~~ is not complete to include all information requested in the format provided, they # will not be deemed filed until all deficiencies are corrected.

(2) Forms are available at <https://www.flor.com/iportal>. All filings shall be submitted electronically to <https://www.flor.com/iportal>.

*Rulemaking Authority 634.402 FS. Law Implemented 624.424, 634.415 FS. History—New 12-26-88, Amended 4-26-90, Formerly 4-67.012, 4-198.012, Amended 7-30-17, \_\_\_\_\_.*

#### **690-198.013 Change in Corporate or Business Name**

Service warranty associations are required to notify the Office in writing in accordance with section 634.404, F.S., of any change in the corporate name or business name.

*Rulemaking Authority 634.402 FS. Law Implemented 634.404 FS. History—New \_\_\_\_\_.*

#### **690-198.015 Forms Incorporated by Reference.**

(1) The following forms are incorporated into this rule chapter by reference to implement the provisions of chapter 634, part III, F.S.:

Form Number	Title
(a) OIR-987 (02/92)	Application Cover letter (Manu)
(b) OIR-989 (02/92)	App. Instructions (Manu)
(c) OIR-986 (02/92)	App. Checklist (Manu)
(d) OIR-988 (02/92)	Invoice (Manu)
(e) OIR-991 (01/92)	Application (Manu)
(f) OIR-996 (01/92)	Application Cover letter (SWA)
(g) OIR-997 (01/92)	App. Instructions (SWA)

(h) OIR 998 (01/92)	App. Checklist (SWA)
(i) OIR 999 (01/92)	Invoice (SWA)
(j) OIR 903 (09/91)	Fingerprint Fee Invoice
(k) OIR 167 (01/92)	Application (SWA)
(l) OIR 144 (11/90)	Consent to Service of Process
(m) OIR 514 (11/90)	Resolution Form
(n) OIR 969 (08/92)	Contractual Liability Policy
(o) OIR 981 (02/92)	Instructions for Securities Deposit
(p) OIR 844 (10/91)	Management Information
(q) OIR 973 (10/91)	Stockholder Listing
(r) OIR 422 (11/90)	Biographical Stmt.
(s) OIR 449 (01/91)	Abbreviated Bio.
(t) OIR 450 (08/91)	Release of Info.
(u) OIR 455 (01/89)	Service Warranty Bond
(v) OIR 934 (10/91)	Equifax Instructions
(w) OIR 938 (04/91)	Fingerprint Instructions
(x) OIR 456 (05/90)	Annual Statement
(y) OIR 457 (05/90)	Quarterly Report
(z) OIR 110 (02/92)	Continuance Form (SWA)
(aa) OIR 955 (02/92)	Continuance Form (Manu)
(bb) OIR 458 (02/92)	Annual Statement for Publicly Held Corporation

(2) Forms are available at <https://www.flair.com/portal>.

Rulemaking Authority 634.402 FS. Law Implemented 634.405, 634.407, 634.408, 634.4085, 634.415 FS. History—  
New 12-26-88, Amended 5-28-90, Formerly 4-67.015, Amended 3-28-93, Formerly 4-198.015, Repealed



Department of Financial Services  
*Office of Insurance Regulation – Specialty Product Administration*

Licensee: \_\_\_\_\_

LICENSE CONTINUANCE FORM

Address: \_\_\_\_\_

SERVICE WARRANTY ASSOCIATION

City, State Zip \_\_\_\_\_

For the period: 03/01/20 \_\_ \_\_ to 02/2 \_\_/20 \_\_ \_\_

Federal Employer ID Number: \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

FL Company Code: **8 0** \_\_ \_\_ \_\_

Due by March 1

**IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS SERVICE WARRANTY ASSOCIATION LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.**

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS:**

1. If you wish to renew, complete and sign this application and forward it along with your remittance in the amount of \$200.00 made payable to: **Florida Department of Financial Services.**
2. Application must be signed by:
  - a. The owner or authorized representative, if a sole-proprietor.
  - b. The president and secretary, if a corporation.
  - c. The managing or senior partner(s) or managing director(s), if a partnership or association.  
(If necessary, attach additional sheets.)
3. The renewal application and remittance must be received on or before March 1 by:

Florida Department of Financial Services  
Revenue Processing Section  
Post Office Box 6100  
Tallahassee, Florida 32314-6100

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$200.00	10	32	L	3002



**Office of Insurance Regulation**  
**Specialty Product Administration**

Bond No: \_\_\_\_\_

**HOME OR SERVICE WARRANTY ASSOCIATION SURETY BOND**

**KNOW ALL MEN BY THESE PRESENTS, THAT** \_\_\_\_\_  
\_\_\_\_\_ AS PRINCIPAL, (Hereinafter referred to as "the Principal")  
and \_\_\_\_\_ AS SURETY, (Hereinafter  
referred to as "the Surety") are held and firmly bound unto the Commissioner of the Office of  
Insurance Regulation of Florida, and his successors in office, the sum of \_\_\_\_\_  
\_\_\_\_\_ ( \$ \_\_\_\_\_ .00) lawful money of the United States, to the payment  
whereof we hereby bind ourselves, jointly and severally, and our successors, assigns, and  
representatives.

This bond will be effective on the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20 \_\_ \_\_, at 12:01 a.m.

**THE CONDITION OF THE ABOVE OBLIGATION IS, THAT, WHEREAS**, by virtue of  
Chapter 634, Florida Statutes, the above bounden, the Principal herein named, is required to make a  
deposit of \$ \_\_\_\_\_ .00 in cash or approved securities with the Commissioner or a  
surety bond in the amount of \$ \_\_\_\_\_ .00 of a surety company authorized to do  
business in the State of Florida, said bond and company to be approved of by said Commissioner to  
assure the faithful performance of the principal's obligations to its members or subscribers assumed in  
the State of Florida while this bond is in effect:

**AND WHEREAS**, the above bounden, the Principal herein named has elected to give such surety  
bond with the Surety above named;

**NOW, THEREFORE**, if the said Principal named herein shall faithfully perform its obligations to its  
members or subscribers, and shall pay each, every and all of its liabilities to its members or subscribers  
in the State of Florida after the said liabilities shall have been adjusted between the Principal and its  
members or subscribers in the mode prescribed by the contract between the Principal and its members  
or subscribers, if a mode be prescribed, or by judgement, order or decree of a Court having jurisdiction  
of the subject, and shall fully and faithfully respond to and settle all said obligations to its members or  
subscribers arising from contracts effectuated while this bond is in effect and resting upon it by virtue  
of its said contracts with its members or subscribers, or imposed upon it by the laws of the State of  
Florida, then and in that event this bond shall be null and void.

**IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED BY AND BETWEEN THE  
PARTIES HERETO, THAT THIS BOND MAY NOT BE CANCELLED OR RELEASED  
UNTIL AFTER 60 DAYS NOTICE IN WRITING TO THE COMMISSIONER PROVIDED  
SUCH CANCELLATION SHALL NOT RELEASE SAID SURETY FROM ANY LIABILITY  
FOR CLAIMS ARISING OUT OF CONTRACTS ISSUED BEFORE CANCELLATION OF  
THE BOND.**



IN WITNESS WHEREOF, the said parties hereunto have caused to be set the hands of their respective proper officers and to be affixed their respective corporate seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_.

Signed and sealed in the presence of:

_____ WITNESS	By: _____ PRESIDENT
_____ WITNESS	_____ SECRETARY

NOTE: Attach to this bond a properly certified copy of the Agent's Power of Attorney

Executed at \_\_\_\_\_, Florida  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_.  
By: \_\_\_\_\_  
Florida Resident Agent of Surety Company

**Office of Insurance Regulation**  
*Specialty Product Administration*

**FLORIDA COMPANY  
CODE:**

**FEDERAL EMPLOYER  
IDENTIFICATION NUMBER:**

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**ANNUAL  
STATEMENT FOR  
SERVICE  
WARRANTY  
ASSOCIATION  
OF THE**

---

(Service Warranty Association)

**TO THE  
OFFICE OF INSURANCE REGULATION  
OF THE  
STATE OF FLORIDA**

Specialty Product Administration  
200 East Gaines Street  
Tallahassee, FL 32399 - 0331

**FOR CALENDAR YEAR ENDED**

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**DUE ON OR BEFORE  
MARCH 1 EACH YEAR**

**GENERAL INFORMATION AND INSTRUCTIONS**

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
3. All terms used in this statement will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this statement, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on:

Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the statement page. This will highlight the fields where you may enter data.
7. The statement form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
8. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.). Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
9. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
10. "Save" or "Submit" buttons are provided on the last page of this statement. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your statement form is uploaded as a "Completed" document to your Component List; this does not submit the statement to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

STATEMENT

Please see the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

Company Name:

Company FEIN:

Florida Company Code:

Period Ending Date:

State and Date of Incorporation/Organization:

(State/Prov):

(Date):

Date Licensed by the Office of Insurance Regulation:

(Date):

Date Commenced Business:

(Date):

Address of Home Office:

Street:

City:

State/Prov:

Zip/Postal Code:

Phone:

Ext:

Fax:

Address of Main Administrative Office:

Street:

City:

State/Prov:

Zip/Postal Code:

Phone:

Ext:

Fax:

Mailing Address:

Street:

City:

State/Prov:

Zip/Postal Code:

Phone:

Ext:

Fax:

Records Location (if different than Main Office):

Street:

City:

State/Prov:

Zip/Postal Code:

Address of Principle Florida Office:

Street:

City:

State/Prov:

Zip/Postal Code:

Phone:

Ext:

Fax:

Website:

Type of entity (check one)

☐ Corporation - For profit

☐ Sole proprietorship

☐ Corporation - Not for profit

☐ Limited liability company

☐ Partnership

☐ Other:

Contact Name:

Contact Title:

Phone:

Ext:

Fax:

Email Address:

OFFICERS / DIRECTORS / MEMBERS  
Show full name (initials not acceptable)

Chief Executive Officer

President

Vice President

Secretary

Treasurer / Chief Financial Officer

Chairman of the Board

Directors / Members

STATE OF:

COUNTY OF:

, President,

, Secretary,

and

, Chief Financial Officer (or corresponding person having charge of the financial records of the licensee), of the

being duly sworn each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting period stated above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all assets and liabilities and of the condition and affairs of the said licensee as of the reporting period stated above, and of its income and deductions for the period reported.

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

day of , 20

Notary Public:

Commission Number:

Expiration Date:

President/Owner

Secretary

Treasurer/CFO

Print this page

BALANCE SHEET  
ASSETS

	December 31	
CURRENT ASSETS:	Current Year	Last Year
1. Cash on Hand and on Deposit (Schedule A - Page 7)		
2. Investments (Schedule B - Page 8)		
3. Receivables (Schedule C - Page 9)		
Allowance for Doubtful Accounts	( )	( )
4. Prepaid Expenses		
5. Inventories		
6. Other Current Assets (Schedule D - Page 10)		
7. Total Current Assets		
NON-CURRENT ASSETS:		
8. Investments (Schedule B - Page 8)		
9. Receivables (Schedule C - Page 9)		
Allowance for Doubtful Accounts	( )	( )
10. Deferred Acquisition Expenses (Attach Details)		
11. Deferred Expenses		
12. Intangible Assets		
13. Other Non-Current Assets (Schedule D - Page 10)		
14. Total Non-Current Assets		
FIXED ASSETS (NET OF ACCUMULATED DEPRECIATION)		
15. Real Estate Owned		
16. Automobiles		
17. Office Equipment & Furniture		
18. Leasehold Improvements		
19. Other Fixed Assets (Schedule D - Page 10)		
20. Total Fixed Assets (Net of Accumulated Depreciation)		
21. Total Assets		
22. Less Non-Admitted Assets (Schedule E, Line 10, Page 11)	( )	( )
23. TOTAL ADMITTED ASSETS		

BALANCE SHEET  
LIABILITIES AND STOCKHOLDERS' EQUITY

	December 31	
LIABILITIES:	Current Year	Last Year
1. Accounts Payable		
2. Commissions Payable		
3. Taxes Payable		
4. Current Portion of Notes Payable (Schedule F - Page 12)		
5. Accrued Interest Payable		
6. Claims Payable / Reserve		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
7. Other Current Liabilities (Schedule G - Page 14)		
8. Total Current Liabilities		
9. Reserve for Unearned Premium		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
10. Long Term Portion of Notes Payable (Schedule F - Page 12)		
11. Other Long Term Liabilities (Schedule G - Page 13)		
12. Total Long Term Liabilities		
13. Total Liabilities		
STOCKHOLDERS' EQUITY:		
14. Common Stock		
15. Preferred Stock		
16. Additional Paid-in Capital		
17. Retained Earnings (Line 17 - Page 6)		
18. Less Treasury Stock	( )	( )
19. Other (Attach Detail)		
20. Total Stockholders' Equity		
21. TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY		
22. Total Stockholders' Equity (Line 20 above)		
23. Less Non-Admitted Assets (Schedule E, Line 10, Page 11)	( )	( )
24. Statutory Net Worth		

STATEMENT OF OPERATIONS AND RETAINED EARNINGS

	December 31	
INCOME:	Current Year	Last Year
1. Premiums Earned		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
2. Total Net Investment Income Earned:		
a. Net Income Earned on all Reserves		
b. Net Income Earned on Other Investments		
3. Net Realized Capital Gains (or Losses)		
4. Other Income (Attach Schedule)		
5. Total Income		
EXPENSES:		
6. Claims		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
7. Commissions to Agents		
8. General Expenses (Attach Schedule)		
9. Total Expenses		
10. Net Gain (or Loss) from operations before Federal and State Income Taxes and Extraordinary Item(s)		
11. Extraordinary Item(s) (Attach Schedule)		
12. Federal and State Income Taxes		
13. Net Gain (or Loss) from Operations		
14. Retained Earnings, December 31, Previous Year		
15. Other (Attach Details)		
16. Less Dividends to Stockholders	( )	( )
17. RETAINED EARNINGS (Enter on Line 17, Page 5)		

Year Ending:

☐ Check if Not Applicable[illegible]

Month	Balance	Month	Balance	Month	Balance	Month	Balance
JAN		APR		JUL		OCT	
FEB		MAY		AUG		NOV	
MAR		JUN		SEP		DEC	



Year Ending:

Place a check in the column marked with an asterisk (\*) if this investment represents reserve funds invested. Show all stocks, bonds, debenture bonds, collateral or mortgage notes owned and list in the order of their maturity. If stocks and bonds are not traded on one of the major exchanges or over-the-counter, then sufficient information should be given so that the investments may be verified. Collateral and mortgage notes owned should also reflect sufficient data for confirmation. If investment is on deposit with the Department, indicate with a check in the column marked with a number sign (#).

OIR-A3-456 Rev(5/20) Page 8 of 20 [Click Alt+s to jump to the Save/Submit page](#)

Year Ending:

Place a check in the column marked with an asterisk (\*) on all receivables which are past due over 90 days. Under **Description / Name of Debtor**, identify if the Debtor is an **Affiliate**, **Director**, **Officer**, **Share Holder**, or **Employee / Salesperson**.

Description / Name of Debtor	*	Security / Nature of Debt	Balance
Current:	<input type="checkbox"/> Check if Not Applicable		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
		Total Current (Line 3, Page 4):	
Non-Current:	<input type="checkbox"/> Check if Not Applicable		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
		Total Non-Current (Line 9, Page 4):	
		TOTAL RECEIVABLES:	

SCHEDULE D  
OTHER ASSETS  
(Net of Accumulated Depreciation)

Identify as current, non-current, or fixed where appropriate. Place a check in the column marked with an asterisk (\*) if all or any part of the asset is assigned as collateral for a loan or is otherwise restricted.

Name	Nature of Asset	*	Balance
Other Current Assets:	<input type="checkbox"/> Check if Not Applicable		
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Other Current Assets (Line 6, Page 4):			
Non-Current Assets:	<input type="checkbox"/> Check if Not Applicable		
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Other Non-Current Assets (Line 13, Page 4):			
Other Fixed Assets:	<input type="checkbox"/> Check if Not Applicable		
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Other Fixed Assets (Line 19, Page 4):			
TOTAL OTHER ASSETS:			

SCHEDULE E  
NON-ADMITTED ASSETS

1.	Notes, Accounts Receivables or Advances:		
a.	From Affiliates		
b.	From Controlling Stockholder / Ownership Interest		
c.	From Directors / Officers		
d.	From Employees / Salesmen		
e.	From Others		
Total (Line 1, entries a through e):			
2.	Fixed Assets costing less than \$200 each or amortized longer than five years		
3.	Leasehold Improvements in excess of Statute authorization		
4.	Investments:		
a.	In Subsidiaries		
b.	In Affiliates of Parent / Ultimate Parent		
Total (Line 4, entries a and b):			
5.	Prepaid Expenses in excess of Liquidation Value		
6.	Deferred Expenses		
7.	Intangible Assets:		
a.	Goodwill		
b.	Franchises		
c.	Customer Lists		
d.	Patents or Trademarks		
e.	Agreements not to Compete		
f.	Others (Identify)		
Total (Line 7, entries a through f):			
8.	Any Other asset pledged as collateral or otherwise restricted		
9.	Other Assets not allowed by Statute (Identify)		
Total (Line 9, all entries):			
10.	TOTAL NON-ADMITTED ASSETS (Line 22, Column 1, Page 4 and Line 23, Page 5)		

SCHEDULE F  
NOTES PAYABLE

Place a check in the column marked with an asterisk (\*) to designate Notes due to Affiliates, Directors, Officers, or Controlling Shareholder / Interest.

Description			Balance
Current Portion of Notes Payable:	<input type="checkbox"/> Check if Not Applicable	*	
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Total Current Portion of Notes Payable (Line 4, Page 5):			
Long-Term Portion of Notes Payable:	<input type="checkbox"/> Check if Not Applicable	*	
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Total Long-Term Portion of Notes Payable (Line 10, Page 5):			
TOTAL NOTES PAYABLE:			

Year Ending:

## SCHEDULE G OTHER LIABILITIES

Name	Nature of Liability	Balance
Other Current Liabilities:	<input type="checkbox"/> Check if Not Applicable	
Total Other Current Liabilities (Line 7, Page 5):		
Other Long-Term Liabilities:	<input type="checkbox"/> Check if Not Applicable	
Total Other Long-Term Liabilities (Line 11, Page 5):		
TOTAL OTHER LIABILITIES:		

SCHEDULE H  
FUNDED UNEARNED PREMIUM RESERVE  
Chapter 634, Florida Statutes

List all assets used to meet the Unearned Premium Reserve requirement(s) for any warranty license(s) held by the Licensee. The reserve is required to be funded with unencumbered assets. The assets shall be held as prescribed under Chapter 625.301 - 625.340, Florida Statutes. (Attach additional pages, if needed.) Please identify any assets on deposit with the Department of Financial Services, Division of Treasury, Bureau of Collateral Management with check in the column marked with an asterisk (\*).

Description of Asset	Maturity or Number of Shares	*	Market Value	Original Cost
Motor Vehicle Service Agreement Company			<input type="checkbox"/> Check if Not Applicable	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
MOTOR VEHICLE SERVICE AGREEMENT COMPANY RESERVES:				
Home Warranty Association			<input type="checkbox"/> Check if Not Applicable	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
HOME WARRANTY ASSOCIATION RESERVES:				
Service Warranty Association			<input type="checkbox"/> Check if Not Applicable	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
SERVICE WARRANTY ASSOCIATION RESERVES:				
TOTAL RESERVES:				

Company Name:

Year Ending:

**EXHIBIT I**  
**Year To Date Summary of Business Written in All States (Including FLORIDA)**  
**(Maturity Distribution)**

	(1) Maturing In 2 Years or Less			(2) Maturing In More Than 2 Years		
	Number of Contracts	Gross Written Premiums	Statutory Reserves	Number of Contracts	Gross Written Premiums	Statutory Reserves
	(A)	(B)	(C)	(D)	(E)	(F)
1. Balance at December 31, Prior Year	_____	_____	_____	_____	_____	_____
2. Issued During Current Year	_____	_____	_____	_____	_____	_____
3. Cancellations & Refunds During Current Year	( _____ )	( _____ )	( _____ )	( _____ )	( _____ )	( _____ )
4. Expirations During Current Year	( _____ )	( _____ )	( _____ )	( _____ )	( _____ )	( _____ )
5. Existing Multi-Year Contracts with 2 Years Or Less Remaining	_____	_____	_____	( _____ )	( _____ )	( _____ )
6. Balance at December 31, Current Year	_____	_____	_____	_____	_____	_____

- Entries must include **all contracts written**, regardless of effective date.

- **Maturity** means the time until the expiration date of the contract.

- The entries on Line 5 reflect the transition of contracts from Column (2) to Column (1) and should be the same amount. The sum of Line 6, Column (C) + (F), must be equal to the entry on Line 9c. Page 5.

- Gross Written Premiums: The gross written premium is the total amount of premiums paid by consumers inclusive of commissions.

- Funded Unearned Premium Reserve: Schedule H, Page 14, "Service Warranty Association Reserves" must be at a minimum equal to the sum of Line 6, Columns (C) + (F).



Company Name:

Year Ending:

**EXHIBIT II**  
**Year To Date Summary of Business Written in FLORIDA ONLY**

	(1) Maturing In 2 Years or Less			(2) Maturing In More Than 2 Years		
	Number of Contracts	Gross Written Premiums	Statutory Reserves	Number of Contracts	Gross Written Premiums	Statutory Reserves
	(A)	(B)	(C)	(D)	(E)	(F)
1. Balance at December 31, Prior Year	_____	_____	_____	_____	_____	_____
2. Issued During Current Year	_____	_____	_____	_____	_____	_____
3. Cancellations & Refunds During Current Year	( _____ )	( _____ )	( _____ )	( _____ )	( _____ )	( _____ )
4. Expirations During Current Year	( _____ )	( _____ )	( _____ )	( _____ )	( _____ )	( _____ )
5. Existing Multi-Year Contracts with 2 Years Or Less Remaining	_____	_____	_____	( _____ )	( _____ )	( _____ )
6. Balance at December 31, Current Year	_____	_____	_____	_____	_____	_____

Company Name:

Year Ending:

**EXHIBIT III**  
**Gross Written Premium Detail Information**

	Statutory Reserves	Gross Premiums	Commissions to Sales Representatives	Net Premiums
1. Total Florida Contracts				
2. Total Contracts Written in States other than Florida				
<b>3. Total (Line 1 + Line 2)</b>				

**EXHIBIT IV**  
**Gross Written Premium to Net Asset Ratio**

1. Total Assets (Line 21, Column 1, Page 4)	
2. Less: Total Non-Admitted Assets (Line 10, Page 11)	( )
3. Less: Total Liabilities (Line 13, Page 5)	( )
4. Total Statutory Net Assets (Must Equal Line 24, Page 5)	
5. Gross Written Premiums at End of Current Period (From EXHIBIT I, Line 6, Column (B) + (E), Page 14)	
<b>6. Gross Written Premiums to Net Assets Ratio (Line 5 divided by Line 4)</b>	<b>To 1</b>

Company Name:

Year Ending:

LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this statement period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at <http://www.flor.com/siteDocuments/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Year Ending:

LIST OF COMPANIES

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this statement period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

SAVE/SUBMIT PAGE

**Save** - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

**Submit Final** - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final

**Office of Insurance Regulation**  
*Specialty Product Administration*

**FLORIDA COMPANY  
CODE:**

**FEDERAL EMPLOYER  
IDENTIFICATION NUMBER:**

**ANNUAL FILING STATEMENT  
FOR PUBLICLY HELD CORPORATIONS - SEC FILINGS**

---

(Service Warranty Association)

**TO THE  
OFFICE OF INSURANCE REGULATION  
OF THE  
STATE OF FLORIDA**

200 East Gaines Street  
Tallahassee, FL 32399

**FOR PERIOD ENDED**

December 31, 20\_\_

---

December 31 Due May 1

**GENERAL INFORMATION AND INSTRUCTIONS**

1. Please complete this form and attach the corresponding Quarterly or Annual Report as filed with the U.S. Securities & Exchange Commission (SEC), and submit to the Office of Insurance Regulation (OIR). This form and your company's latest SEC Quarterly or Annual Report is due by the respective dates shown on the Cover Page.
2. This form is necessary for the implementation of Section 634.416(1), Florida Statutes. In the event your company elects not to avail itself of the exemption from OIR examinations and reporting requirements, please advise. If the election to take the exemption as stated in Section 634.416(1), Florida Statutes, is not made, then you will be required to file an Annual Statement (OIR-A3-456) and Quarterly Reports (OIR-A3-457) pursuant to Section 634.415, Florida Statutes. **YOU MUST ADVISE THE OFFICE OF ANY CHANGE TO YOUR ELECTION PRIOR TO MARCH 1 EACH YEAR.**
3. On page 4 of the Annual Report Form OIR-A3-458 is the invoice for the annual filing fee of \$2,000.00 that should be submitted to the address shown thereon, and received on or before May 1.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this report, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on:

Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the report page. This will highlight the fields where you may enter data. The report form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
7. "Save" or "Submit" buttons are provided on the last page of this report. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
8. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
9. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
10. When you have completed a form and selected "Submit Final," your report form is uploaded as a "Completed" document to your Component List; this does not submit the report to the OIR. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
11. Please print, sign, notarize and upload a PDF version of Page 4 under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

REPORTING REQUIREMENTS

For publicly held corporations filing SEC forms, it is requested that you provide this office the following information on an Annual and Quarterly basis: **Re: Sections 634.406, 634.415 & 634.416, Florida Statutes.**

1. Provide the dollar amount of the gross written premiums in force wherever written:

# \$

2. Provide the dollar amount of the gross written premiums in force in Florida:

# \$

3. Provide the dollar amount of the reserves established for (1) above, 25% of the gross written premiums in force wherever written:

\$

4. Provide a list of the assets funding this reserve:

5. Provide a list of the assets on deposit with the Department of Financial Services, Bureau of Collateral Management (10% of the gross written premiums in force in Florida):

6. If the company relies on a contractual liability insurance policy with an authorized insurer, please check here: ☐

7. Provide the net worth of the company at the end of the reporting period:

\$

**NOTE:** Questions 1 through 7 should be received Annually on May 1, and each Quarter on or before May 15, August 15, and November 15. This statement must be signed by the appropriate corporate officers, have the corporate seal affixed thereon, and be properly notarized.



SEC FILINGS

This form with all documents and the required filing fee must be received by the Office on or before May 1 of each year.

We represent to the Florida Office of Insurance Regulation that the attached SEC Filing and any and all amendments thereto are true and correct as filed with the United States Securities and Exchange Commission.

President

Chief Financial Officer

Treasurer

The foregoing instrument was acknowledged before by means of ☐ physical presence or ☐ online notarization,

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public: \_\_\_\_\_

Commission Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

FOR OFFICE OF INSURANCE REGULATION USE ONLY

ANNUAL - FILING FEE OF \$2,000.00

Print this page and mail with check to:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

REVENUE PROCESSING SECTION

Specialty Product Administration

Post Office Box 6100

Tallahassee, Florida 32314-6100

RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	ACCOUNT	SOURCE
	\$2,000.00	10	38	(TREASURY ACCOUNT) 3001		

Print this page

SAVE/SUBMIT PAGE

**Save** - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

**Submit Final** - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final



Department of Financial Services  
*Office of Insurance Regulation – Specialty Product Administration*

Licensee: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip \_\_\_\_\_

LICENSE CONTINUANCE FORM

SERVICE WARRANTY ASSOCIATION  
MANUFACTURER OR AFFILIATE"

For the period: 03/01/20 \_\_ \_\_ to 02/2 \_\_/20 \_\_ \_\_

Federal Employer ID Number: \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  
FL Company Code: **9 4** \_\_ \_\_ \_\_

Due by March 1

**IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS SERVICE WARRANTY ASSOCIATION "MANUFACTURER or AFFILIATE" LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.**

_____ Name and Title	_____ Signature	_____ Date
_____ Name and Title	_____ Signature	_____ Date

**INSTRUCTIONS:**

1. If you wish to renew, complete and sign this application and forward it along with your remittance in the amount of \$500.00 made payable to: **Florida Department of Financial Services.**
2. The renewal application and remittance must be received on or before March 1 by:

Florida Department of Financial Services  
Revenue Processing Section  
Post Office Box 6100  
Tallahassee, Florida 32314-6100

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$500.00	10	39	L	3002

# SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

☐ Original Designation    ☐ Insurer Name Change    ☐ Merger / Acquisition    ☐ Update Delivery Information

Insurer or Company Name: \_\_\_\_\_

Previous Name (If applicable): \_\_\_\_\_

Home Office Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FEI #

FL Company Code

Telephone #

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. **In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.**

**Designated Person  
to receive process:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

SEAL

\_\_\_\_\_  
President or CEO's Signature

\_\_\_\_\_  
President or CEO's Name (Typed or Printed)

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Secretary's Name (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.



## **Florida Office of Insurance Regulation**

### **INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS**

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package. The background investigative report must be conducted using the same affidavit submitted to the Florida Office of Insurance Regulation ("Office") for each individual as part of the application.
2. For specific information regarding background investigation vendors, please refer to the NAIC website, "Third Party Vendors for Background Reports" at: [http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm)
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will submit investigative reports electronically to the Office to this e-mail address:

[bkgrnd-inv@flor.com](mailto:bkgrnd-inv@flor.com)

Submissions should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail. Reports should be submitted prior to, or contemporaneously with, the submission of each application filing, with the exception of acquisition filings.

6. Applicants must include evidence indicating that background reports have been ordered, including proof of payment, as a component in the online submission via iApply.
7. Questions regarding this process may be directed to [pcappcoord@flor.com](mailto:pcappcoord@flor.com) (Property and Casualty applicants) or to [lhappcoord@flor.com](mailto:lhappcoord@flor.com) (Life and Health applicants).



## **Florida Office of Insurance Regulation**

### **FINGERPRINT PAYMENT AND SUBMISSION PROCEDURE**

Each individual subject to the fingerprinting process must be registered through IdentoGO by Idemia, at <https://fl.ibtfingerprint.com/>. For payment, processing, or appointment issues please contact the IdentoGo Customer Service Center at 1-800-528-1358.

#### **DIGITAL PRINTS** - Florida Residents only:

Access <https://fl.ibtfingerprint.com/>, select "Schedule a New Appointment" and follow the prompts. Please retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

**FINGERPRINT CARD** – Non-Florida Residents (and Florida residents who are physically unable to be digitally fingerprinted):

Access <https://fl.ibtfingerprint.com/>, select "Register for Fingerprint Card Processing Service" and follow the prompts. Select "No Cards" on the Shipping Details screen. Retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

Everyone must complete **two** fingerprint cards provided by the Florida Office of Insurance Regulation. Blank fingerprint cards may be requested by emailing [FPRequest@floir.com](mailto:FPRequest@floir.com). Fingerprinting must be performed by a technician within a law enforcement agency or other authorized entity. Most law enforcement agencies and many security companies provide civil applicant fingerprinting services.

**NOTE:** Please print your Payment Confirmation Number from the IdentoGo website on the "REF" line of the fingerprint card. Not including your Payment Confirmation Number will result in a delay of processing your submission.

Mail **ONLY** completed cards with a cover letter to:

Florida Office of Insurance Regulation  
Market Research & Technology Unit  
Fingerprint Card Processing  
Room B-50 Larson Building  
200 East Gaines Street  
Tallahassee, Florida 32399-0326

**Do NOT mail application paperwork with your fingerprint cards. All application materials must be sent directly to the appropriate unit (Property & Casualty Company Admissions or Life & Health Company Admissions) within the Office of Insurance Regulation. Failure to do so will result in a delay to your application.**



## Florida Office of Insurance Regulation

# **CONFIDENTIAL**

Pursuant to section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. I of the State Constitution. The requirement must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record.

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

The requirement for the applicant's social security is mandatory.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to ensure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year. In establishing these qualifications and the Office of Insurance Regulation's responsibility to ensure that individuals meet these qualifications, the legislature recognized that owners, officers, and directors of an insurance company are in a position to cause great harm to the public should they be untrustworthy or have a criminal background. These individuals control vast amount of funds that belong to policyholders. To meet the legislative intent that these people are qualified to be trusted, having the identifying social security number is essential for the Office of Insurance Regulation to adequately perform the background investigative duty. There are many individuals with the same name, without this identifying number it would be difficult if not impossible to be reasonably sure that the correct individuals are identified and verify they meet the statutorily required conditions.

# **CONFIDENTIAL**

## CONTRACTUAL LIABILITY POLICY

### DECLARATION

Policy No:

NAMED INSURED:

ADDRESS:

POLICY PERIOD: From \_\_\_\_\_ Continuous until cancelled

COUNTERSIGNED AT:

BY:

DATE \_\_\_\_\_, 20\_\_\_\_



A. **INSURING AGREEMENT**

\_\_\_\_\_ (herein called the "Company",  
"us" or "we") agrees to pay \_\_\_\_\_ (herein called "you") for all costs incurred in fulfilling your obligations under each service agreement issued during the Policy Term according to terms and conditions of such Service Agreements. In the event such costs are incurred by another party's performance of repair or replacement services as a result of such obligations, payment may be made directly to such other party on your behalf.

In the event you become bankrupt, impaired or insolvent (as defined in Section 631.011, Florida Statutes), dissolved, or if you go out of business, or fail to pay documented claims we will pay Losses and unearned premiums refunds, if any, directly to the person making a claim under the Service Agreement or canceling the Service Agreement.

**This policy insures (for home warranties) all Service Agreements issued by you while this policy is in effect. This policy insures (for service warranties and auto warranties) all Service Agreements issued by you while this policy is in effect, whether or not the premium has been remitted to the insurer.**

**This policy insures 100% of the Association's claim exposure and is obtained from an insurer approved by the Office which holds a certificate of authority to do business within this state.**

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5/20  
690-198.011

B. **DEFINITIONS**

- (1) Contractual Obligation means your obligation to properly repair or replace covered parts or to pay for the cost of proper repair or replacement of covered parts.
- (2) INSURED means the person or organization named in the Declaration, also referred to as "You".
- (3) SERVICE AGREEMENT means either a motor vehicle service agreement, home warranty or service warranty (as defined in Chapter 634, Florida Statutes).
- (4) SERVICE AGREEMENT HOLDER means the original purchaser of a Service Agreement or someone to whom the Service Agreement has been transferred under the terms of the Service Agreement.
- (5) SERVICE AGREEMENT HOLDER CLAIM means a claim by a Service Agreement Holder or a claim on the behalf of a Service Agreement Holder which forms a Contractual Obligation.
- (6) LOSS means expense actually incurred by you or on your behalf in the performance of a Contractual Obligation.
- (7) REPAIR FACILITY means a person or organization authorized by you or on your behalf to perform service under a Service Agreement.
- (8) INSURED CLAIM means your claim for benefits under this policy based on a Contractual Obligation.
- (9) PREMIUM means the amount paid by the Service Agreement Holder.

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C. **EXCLUSIONS**

The policy does not apply to:

- (1) liability for any consequential damages, including but not limited to, punitive or extra-contractual damages, arising from your actions, or any Repair Facility under a Service Agreement;
- (2) any and all obligations and liabilities arising out of your actions or anyone else's actions under a Service Agreement;
- (3) any and all obligations and liabilities extending to anyone other than the Service Agreement Holder;
- (4) any duty to defend you in any law suit or other judicial or administrative proceeding;
- (5) labor performed by you or on your behalf arising out of work or any portion thereof, or out of material, parts or equipment, as a result of recall by the manufacturer.

D. **CONDITIONS**

- (1) SALE OF SERVICE AGREEMENT: You must report the sale of a Service Agreement within 30 days of its issue date on the forms provided by us and send us or our authorized agent the proper premium. All premiums will be computed in accordance with the rules, rates, rating plans, premiums and minimum premiums which apply to the insurance afforded by this policy.
- (2) PREMIUMS: The premium for each Service Agreement is shown in the rate schedule. These rates shall remain in effect until we change them and until they

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have been approved by the Office of Insurance Regulation. You will be given 30 days written notice prior to any change.

- (3) NOTICE OF INSURED CLAIM: You should provide us full details of a claim prior to starting any work specified with a Contractual Obligation in excess of \$\_\_\_\_.00 by the Service Agreement giving full details of the claim.
- (4) PROOF OF LOSS: Written proof of loss must be given within 30 days after a loss occurs, giving full details on the nature and extent of the loss. Proof of loss shall be given on forms furnished by us unless we fail to furnish such forms within 15 days after we receive a notice of claim.
- (5) INSPECTION AND AUDIT: At any reasonable time, we have the right to inspect your premises, books and records as they pertain to coverage under this policy. This right exists so long as Service Agreements are outstanding. Neither the right to inspect or the conduct of an inspection will serve as a warranty that such property or operations are safe or health free or in compliance with any law.
- (6) CHAPTER 634, FLORIDA STATUTES APPLICABILITY: In the event you are no longer able to fulfill your obligations and we are acting in your stead, we shall be subject to the provisions of Chapter 634, Florida Statutes.
- (7) We shall assume full responsibility for the administration of claims in the event of your inability to do so.

E. **GENERAL PROVISIONS**

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- (1) REPRESENTATIONS: By accepting this policy, you agree that the statements in the Declarations are your representations and warranties and that this policy is issued based on those representations. Should you misrepresent these declarations, the company may cancel this contract in accordance with the Cancellation Endorsement. Service Agreements issued during the term of this policy shall continue to be insured. This policy is the entire contract between you and the company.
- (2) SUBROGATION: If any payment under this policy is made by us, we reserve all rights of recovery against any person or organization in connection with such claim. You will execute and deliver all papers necessary to secure such rights. You may do nothing to prejudice such rights.
- (3) ASSIGNMENT: Assignment of interest or liability under this policy shall not be binding on us unless the policy has been countersigned by our authorized agent and approved by the Office of Insurance Regulation.
- (4) CHANGES IN THE POLICY: No change in the policy will be effective until approved by our authorized representative and the Florida Office of Insurance Regulation. The approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.
- (5) RECOVERIES: All amounts recovered by you for which you received benefits under this policy belong to us and shall be paid to us.
- (6) RENEWAL: This policy is issued as stated in the Declaration and is continuous until cancelled in accordance with the Cancellation Endorsement.

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**IN WITNESS WHEREOF,** the company has caused this policy to be signed by its Secretary and President and countersigned by its duly authorized representative.

(PRESIDENT)

(SECRETARY)

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5/20  
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## **MOTOR VEHICLE SERVICE AGREEMENT ENDORSEMENT**

- (1) CANCELLATION, TERMINATION, OR NONRENEWAL: You may cancel or terminate this policy at any time by notifying us in writing. Coverage will end 90 days after written notice of such cancellation, termination or nonrenewal has been mailed via certified mail by us to the Florida Office of Insurance Regulation. We may cancel, terminate, or not renew this policy by written notice, mailed via certified mail, to you and the Office of Insurance Regulation at least 90 days prior to such cancellation, termination or nonrenewal.
- (2) UNEARNED PREMIUM REFUND: The unearned premium refund shall be subject to the cancellation fee provisions of Section 634.121(3), Florida Statutes. The salesman or agent shall refund to the Contractual Liability Policy issuer, the unearned pro rata commission.
- (3) The Service agreement company must provide the Office with the claims statistics.

## **HOME WARRANTY ENDORSEMENTS**

- (1) CANCELLATION, TERMINATION, OR NONRENEWAL: You may cancel or terminate this policy at any time by notifying us in writing. Coverage will end 60 days after written notice of such cancellation, termination or nonrenewal has been mailed via certified mail by us to the Florida Office of Insurance Regulation. We may cancel, terminate or not renew this policy by written notice, mailed via certified mail, to you and the Office of Insurance Regulation at least 60 days prior to such cancellation, termination or nonrenewal.



## SERVICE WARRANTY ENDORSEMENT

- (1) CANCELLATION, TERMINATION, OR NONRENEWAL: You may cancel or terminate this policy at any time by notifying us in writing. Coverage will end 90 days after written notice of such cancellation, termination or nonrenewal has been mailed via certified mail by us to the Florida Office of Insurance Regulation. We may cancel, terminate, or not renew this policy by written notice, mailed via certified mail, to you and the Florida Office of Insurance Regulation at least 60 days prior to such cancellation, termination or nonrenewal.
- (2) UNEARNED PREMIUM REFUND: In the event the issuer of the contractual liability policy is fulfilling the service warranty covered by policy and in the event the service warranty holder cancels the service warranty, it is the responsibility of the contractual liability issuer to effectuate a full refund of unearned premium to the consumer. The unearned premium refund shall be subject to the cancellation fee provisions of Section 634.414(1), Florida Statutes. The salesman or agent shall refund to the Contractual Liability Policy issuer, the unearned pro rata commission.
- (3) An Association may not utilize both the unearned premium reserve and contractual liability insurance simultaneously. However, an association shall be allowed to have contractual liability coverage on service warranties previously sold and sell new service warranties covered by the unearned premium reserve, and the converse of this shall also be allowed. An association must be able to distinguish how each individual service warranty is covered.



**Office of Insurance Regulation**  
**Company Admissions**

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**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION  
MANUFACTURER OR AFFILIATE**

This package is designed to assist individuals in preparing the application with all the information required by statute and to facilitate expeditious processing of the application by this Office.

PLEASE NOTE: THE COMPLETED CHECK LIST MUST BE SUBMITTED WITH THE APPLICATION PACKAGE.

The completed application package must be submitted to the Office by utilizing the following link:

<http://www.floir.com/iportal>

and select iApply – Online Company Admissions

If this package requires submission of forms and/or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <http://www.floir.com/iportal> and select “Form & Rate Filing Assembly and Submission” to begin the submission of forms and/or rates.

If this package requires original documents, in lieu of providing original paper documents, the Applicant is directed to submit a PDF of the original document(s) unless otherwise required by Florida Statutes.

Any questions concerning this application package or iApply may be directed to [pcappcoord@floir.com](mailto:pcappcoord@floir.com).

**In order for a submission to be considered a complete application, all required information must be included in the filing. Filings that do not include all required information will be disapproved or returned.**

**OIR-C1-989  
REV 12/2018  
69O-198.011**

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION  
MANUFACTURER OR AFFILIATE**

**INSTRUCTIONS  
SECTION I - APPLICATION FEES AND FORMS**

**Section I-1** Application Fees

Applicants must pay an application filing fee of \$500. These fees are due and payable at the time of filing the application for licensure.

Secure your check to the INVOICE (included in this package) and send to:

Florida Department of Financial Services  
Bureau of Financial Services  
Post Office Box 6100  
Tallahassee, Florida 32314-6100

Submit a copy of the invoice and a copy of the check with your online application filing via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee.

**Section I-2** Application for License to Conduct Business in the State of Florida (Service Warranty Association - Manufacturer or Affiliate) (Official Form)

Complete this form and have it signed by the President and Secretary of the company. An original signature and corporate seal are required on the application form submitted to the Department.

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION  
MANUFACTURER OR AFFILIATE**

**INSTRUCTIONS  
SECTION II - LEGAL**

**Section II-1** Articles of Incorporation

Include in this section, the applicant's Articles of Incorporation and all amendments. They must be recently certified by the applicant's state of domicile. The certification letter must be an original, certified by the state of domiciles public official having custody of the original certificate.

**Section II-2** Certificate of Status from State of Domicile

A certificate of status is a document issued by the public official having supervision of the records of corporations, usually the Secretary of State. This document shows that the company is duly organized in the state and that all taxes and fees have been paid. The certificate must be obtained from the applicant's home state and filed with the application. It must show good standing, be currently sealed by the state, and be an original document, not a copy.

**Section II-3** Company By-Laws

The Bylaws must be sealed by the company and signed and dated by the Secretary of the company. NO signatures other than the Secretary's will be accepted.

**Section II-4** Service of Process Consent and Agreement (Official Form)

The Service of Process Consent and Agreement form. (attached). NO signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted, and the signatures must be under corporate seal.

**Section II-5** Certificate of Status from Florida Secretary of State

Provide a certificate of status from the Florida Secretary of State if the applicant is a foreign corporation. All Foreign corporations are required to secure, through the office of the Secretary of State of Florida, a charter to do business in Florida.

If you have any questions concerning filing with the Secretary of State, please contact the Division of Corporations at (850) 245-6051.

The Secretary of State will mail you a Certificate of Status. This original certificate must be forwarded to the Office of Insurance Regulation as part of your application as proof of your filing with the Secretary of State as a foreign corporation.

**Section II-6** Fictitious Name Filing

If the organization plans to utilize a fictitious name, include in this section one certified copy (not a photocopy) of a certificate from the Clerk of the Circuit Court in the county where domiciled, attesting to compliance with Section 865.09, Florida Statutes (the Fictitious Name Statute).

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION  
MANUFACTURER OR AFFILIATE**

**INSTRUCTIONS  
SECTION III - FINANCIAL**

**Section III-1** Financial Statements

Applicant is required to supply, in this section, the most current audited financial statements evidencing a net worth of at least \$10,000,000.

**Section III-2** Financial Requirements

In this section, the applicant is required to furnish the following:

- A. A copy of the applicant's debt rating made by a recognized National Rating Service, if any debt securities are outstanding.
- B. A copy of the most recent Form 10K, Form 10Q or Form 20G, as filed with the United States Securities and Exchange Commission.
- C. The applicant must comply with either of the following:
  - 1. Supply the Office with a copy of an approved executed contractual liability insurance policy. (See the attached sample policy form for approvable language.)

The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are **not** acceptable.

Or,

- 2. Supply the Office with a sworn statement of the applicant's intentions to establish and maintain a reserve as outlined by Section 634.406(1), Florida Statutes. If the applicant has service warranties on its books at the time of application, provide a list of the assets funding the reserve.

**Section III-3** Plan of Operations

It is important for the Department to have a clear understanding of the proposed operations of the specialty insurer and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

- A. **History.** Applicant should prepare a brief history of the company since its incorporation. Include any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

Also in this section, list all companies or individuals that directly or indirectly control, are controlled by, or are under control of the applicant. Along with the list, an organizational chart may be included for clarification purposes.

In addition, provide a list of all d/b/a's, trade names, fictitious names or names the general public may recognize.

- B. **Management.** Applicant is to give the warranty experience of each individual (by name) involved in the areas of marketing, reserving, claims handling, accounting and investments.
- C. **Warranty Products.** Applicant should give a description of each product it plans to market.
- D. **Marketing and Growth.** Applicant should furnish a plan of marketing including methods, commission rates, projected growth pattern and other pertinent information effecting the warranty marketing plans.

#### **Section III-4** States Where Applicant is Currently Doing Business

In this section, the applicant should provide a list of all states in which it is currently authorized to transact business.

#### **Section III-5** Qualifications

In this section, the following information is required to be provided and certified by a principal officer of the company as being true and correct:

- A. A list of the names of the products manufactured, built, assembled, constructed or produced under a product name wholly controlled by the applicant or an affiliate thereof.
- B. A statement that the applicant has derived in its most recent fiscal year the majority of its revenues from products manufactured, built, assembled, constructed or produced under a product name wholly controlled by the applicant or an affiliate thereof.

- C. A statement that warranty contracts are and will only be sold for products manufactured, built, assembled, constructed or produced under a product name wholly controlled by the applicant or an affiliate thereof.
- D. A statement that the required warranty register is maintained.
- E. The total amount of the gross written premiums in force, wherever written, for warranties written in other states.
- F. A statement that the applicant's stock is traded on a recognized stock exchange or is listed in NASDAQ and publicly traded on the over-the-counter securities markets.



**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION  
MANUFACTURER OR AFFILIATE**

**INSTRUCTIONS  
SECTION IV - MANAGEMENT**

**NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.**

**Section IV-1** Alphabetical List of Board of Directors and Managing Executive Officer

A list of the names and business addresses of each member of the Board of Directors and the Managing Executive Officer should be provided in this section.

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION  
MANUFACTURER OR AFFILIATE**

**INSTRUCTIONS  
SECTION V - FORMS AND RATES**

**NOTE: THE COMPANY IS CAUTIONED NOT TO WRITE BUSINESS USING UNAPPROVED FORMS.**

**Section V-1** Warranty Forms

Submit three copies of all warranty forms and related forms proposed to be used. The serially pre-numbered contract forms should include, at a minimum, spaces for the following: the selling price paid by the consumer, the name of the issuing sales representative, the date the contract was issued, the name and street address of the warranty holder, and the warranty period.

**Section V-2** Rates

Submit three copies of the rates to be charged including all modifications of rates and premiums.

**Section V-3** Commission Structure

Submit a complete breakdown of the proposed commission structure.

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION  
MANUFACTURER OR AFFILIATE**

**CHECK LIST  
SECTION I - APPLICATION FEE AND FORM**

Company Name: \_\_\_\_\_

<u>Item #</u>		<u>Completion Check List</u>
1.	Specialty Insurer application fee paid .....	<input type="checkbox"/>
	(a) Copy of invoice included (Official Form) .....	<input type="checkbox"/>
	(b) Copy of check .....	<input type="checkbox"/>
	(c) Original mailed to Bureau of Financial and Support Services .....	<input type="checkbox"/>
2.	Company completed application for license (Official Form) .....	<input type="checkbox"/>
	(a) All blanks completed .....	<input type="checkbox"/>
	(b) Sealed by company .....	<input type="checkbox"/>
	(c) Signed by President (original signature) .....	<input type="checkbox"/>

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION  
MANUFACTURER OR AFFILIATE**

**CHECK LIST  
SECTION II - LEGAL**

Company Name: \_\_\_\_\_

<u>Item #</u>		<u>Completion Check List</u>
1.	Articles of Incorporation .....	<input type="checkbox"/>
	(a) Original certification by state of domicile .....	<input type="checkbox"/>
	(b) Articles with all amendments attached .....	<input type="checkbox"/>
2.	Certificate of Status from State of Domicile .....	<input type="checkbox"/>
	(a) Good standing indicated .....	<input type="checkbox"/>
	(b) Sealed by state .....	<input type="checkbox"/>
	(c) Signed by proper public official .....	<input type="checkbox"/>
	(d) Original .....	<input type="checkbox"/>
3.	Company Bylaws .....	<input type="checkbox"/>
	(a) Signed and dated by corporate secretary .....	<input type="checkbox"/>
	(b) Sealed by company (corporate seal) .....	<input type="checkbox"/>

4. Service of Process Consent and Agreement Official Form) ..... ☐
- (a) Signed and dated by ..... ☐
1. President or Chief Executive Officer ..... ☐
2. Secretary ..... ☐
- (b) Sealed by company (corporate seal) ..... ☐
- (c) Original with all blanks completed ..... ☐
5. Certificate of Status from Florida Secretary of  
State (Foreign Corporations Only)..... ☐
- (a) Original ..... ☐
6. Fictitious Name Certificate (if applicable) ..... ☐
- (a) Original ..... ☐

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION  
MANUFACTURER OR AFFILIATE**

**CHECK LIST  
SECTION III - FINANCIAL AND RELATED INFORMATION**

Company Name: \_\_\_\_\_

<u>Item #</u>		<u>Completion Check List</u>
1.	Financial Statements .....	<input type="checkbox"/>
	(a) Not over twelve months old .....	<input type="checkbox"/>
	(b) Audited .....	<input type="checkbox"/>
	(c) \$10,000,000 net worth .....	<input type="checkbox"/>
2.	Financial Requirement .....	<input type="checkbox"/>
	(a) Debt rating .....	<input type="checkbox"/>
	(b) Form 10K, 10Q, or 20G .....	<input type="checkbox"/>
	(c) The applicant must comply with either of the following:	
	(1) A copy of the executed contractual liability insurance policy .....	<input type="checkbox"/>
	Or	
	(2) A sworn statement evidencing establishment of a reserve...	<input type="checkbox"/>
	A list of assets funding the reserve.....	<input type="checkbox"/>
3.	Plan of Operations .....	<input type="checkbox"/>
	(a) History .....	<input type="checkbox"/>
	List of controlling or controlled companies .....	<input type="checkbox"/>
	List of d/b/a's, trade names, or fictitious names .....	<input type="checkbox"/>
	(b) Management .....	<input type="checkbox"/>
	(c) Warranty products .....	<input type="checkbox"/>
	(d) Marketing and growth .....	<input type="checkbox"/>

- 4. List of states applicant is authorized to do business in ..... ☐
- 5. Qualifications ..... ☐
  - (a) Names of products ..... ☐
  - (b) Statement regarding source of revenues ..... ☐
  - (c) Statement regarding sale of warranty contracts ..... ☐
  - (d) Statement regarding warranty register ..... ☐
  - (e) Gross written premiums in force ..... ☐
  - (f) Statement regarding stock ..... ☐

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION  
MANUFACTURER OR AFFILIATE**

**CHECK LIST  
SECTION IV - MANAGEMENT**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1.	Alphabetical listing of directors and managing executive officer ..... <input type="checkbox"/>



**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION  
MANUFACTURER OR AFFILIATE**

**CHECK LIST  
SECTION V - FORMS AND RATES**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Warranty forms .....	<input type="checkbox"/>
(a) 3 copies .....	<input type="checkbox"/>
(b) Serially pre-numbered .....	<input type="checkbox"/>
(c) Spaces for selling price paid by the consumer, name of Issuing sales representative, date issued, warranty-holder's name and street address, and warranty period .....	<input type="checkbox"/>
2. Rates to be charged .....	<input type="checkbox"/>
(a) 3 copies .....	<input type="checkbox"/>
3. Proposed commission structure .....	<input type="checkbox"/>

## CHECKLIST VERIFICATION

The undersigned says that he/she is a senior officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with licensure sought by \_\_\_\_\_ that he/she has read said

(Entity Name)

application, that he/she knows the contents thereof and verifies that the items indicated in the application checklist have been submitted with the application, that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the applicant on behalf which the person acted, executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes.

Dated \_\_\_\_\_

(Give full and exact name of Applicant)

\_\_\_\_\_  
Signature of President, Secretary, or Treasurer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Title

**APPLICATION FOR LICENSE TO CONDUCT BUSINESS  
IN THE STATE OF FLORIDA  
(Service Warranty Association - Manufacturer or Affiliate)**

\_\_\_\_\_, 20\_\_\_\_

TO THE COMMISSIONER OF THE OFFICE OF INSURANCE REGULATION  
TALLAHASSEE, FLORIDA

SIR: The \_\_\_\_\_  
(Give name of company or association in full)

Federal Identification Number \_\_\_\_\_

of \_\_\_\_\_  
(Home Office Address) (City) (State) (Zip)

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

through its duly authorized officers, hereby applies for license authorizing and empowering the Company or Association aforesaid to transact service warranty business in the State of Florida, under the laws thereof, and do hereby affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.

By \_\_\_\_\_  
President or Chief Executive Officer

(Corporate Seal)

Attest \_\_\_\_\_  
Secretary

Name of Attorney or Principal filing this application:

\_\_\_\_\_

Street Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## INVOICE

### SERVICE WARRANTY ASSOCIATION MANUFACTURER OR AFFILIATE

#### REQUEST FOR PAYMENT OF APPLICATION FEES

NAME OF COMPANY: \_\_\_\_\_

FEIN# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

In reference to the submission by the above-referenced specialty insurer's application to do business in Florida, it is necessary to return this form with the proper payment.

#### PLEASE NOTE:

1. Send a check in the proper amount made payable to the Florida Department of Financial Services and **mail the check and invoice only** to the Florida Department of Financial Services, Bureau of Financial Services, P.O. Box 6100, Tallahassee, Florida 32314-6100.
2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	ACCT	SOURCE
	\$500.00	10	39	3	00	2



**OFFICE OF INSURANCE REGULATION**  
***Company Admissions***

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**LIST OF PROPOSED SALES REPRESENTATIVES**

**COMPANY  
NAME:** \_\_\_\_\_

**NAME:**

**ADDRESS:**

**SSN:**



**Office of Insurance Regulation**  
**Company Admissions**

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**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION**

This package is designed to assist individuals in preparing the application with all the information required by statute and to facilitate expeditious processing of the application by this Office.

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<http://www.floir.com/iportal>

and select iApply – Online Company Admissions

If this package requires submission of forms and/or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <http://www.floir.com/iportal> and select "Form & Rate Filing Assembly and Submission" to begin the submission of forms and/or rates.

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**In order for a submission to be considered a complete application, all required information must be included in the filing. Filings that do not include all required information will be disapproved or returned.**

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION**

**INSTRUCTIONS  
SECTION I - APPLICATION FORM & FEES**

**Section I-1** Application Fees

Applicants must pay an application filing fee of \$200. These fees are due and payable at the time of filing the application for licensure.

Secure your check to the INVOICE (included in this package) and send to:

Florida Department of Financial Services  
Bureau of Financial Services  
Post Office Box 6100  
Tallahassee, Florida 32314-6100

Submit a copy of the invoice and a copy of the check with your online application filing via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee.

**Section I-2** Fingerprint Fees

Applicants are required to prepay electronically for the processing of the fingerprint cards required in section IV-5. Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure for instructions.

**Section I-3** Application for License to Conduct Business in the State of Florida (Service Warranty Association) (Official Form)

Complete this form and have it signed by the President and Secretary of the company. An original signature and corporate seal are required on the application form submitted to the Office.

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION**

**INSTRUCTIONS  
SECTION II - LEGAL**

**Section II-1** Articles of Incorporation

Include in this section, the applicant's Articles of Incorporation and all amendments. They must be recently certified by the applicant's state of domicile. The certification letter must be an original, certified by the state of domiciles public official having custody of the original certificate.

**Section II-2** Certificate of Status from State of Domicile

A certificate of status is a document issued by the public official having supervision of the records of corporations, usually the Secretary of State. This document shows that the company is duly organized in the state and that all taxes and fees have been paid. The certificate must be obtained from the applicant's home state and filed with the application. It must show good standing, be sealed by the state, and be a current original document, not a copy.

**Section II-3** Company Bylaws

The Bylaws must be sealed by the company and signed and dated by the Secretary of the company. NO other signatures other than the Secretary's signature will be accepted.

**Section II-4** Service of Process Consent and Agreement (Official Form)

The Service of Process Consent and Agreement form (attached). NO signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted, and the signatures must be under corporate seal.

**Section II-5** Certificate of Status from Florida Secretary of State

Provide a certificate of status from the Florida Secretary of State if the applicant is a foreign corporation. All foreign corporations are required to secure, through the office of the Secretary of State of Florida, a charter to do business in Florida.

If you have any questions concerning filing with the Secretary of State, please contact the Division of Corporations at (850) 245-6051.

The Secretary of State will mail you a Certificate of Status. This original certificate must be forwarded to the Office of insurance Regulation as part of your application as proof of your filing with the Secretary of State as a foreign corporation.



**Section II-6** Fictitious Name Filing

If the organization plans to utilize a fictitious name, include in this section one certified copy of a certificate from the Clerk of the Circuit Court in the county where domiciled, attesting to compliance with Section 865.09, Florida Statutes (the Fictitious Name Statute).

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION**

**INSTRUCTIONS  
SECTION III - FINANCIAL**

**Section III-1** Financial Statements

There are two types of Service Warranty Associations; **1. "Warrantor" (company which derives less than 50% of its gross income from the sale of service warranties), and 2. "Warranty Seller" (company which derives more than 50% of its gross income from the sale of service warranties).**

A "Warrantor" is required to supply, in this section, the most recent financial statement reflecting minimum net assets of \$25,000. This statement is required to be verified under oath by at least two of the principal officers of the company.

A "Warranty Seller" is required to supply, in this section, the most recent financial statement reflecting minimum net assets of \$300,000. This statement is required to be verified under oath by at least two of the principal officers of the company.

**Section III-2** Financial Requirements

All service warranty associations are required to maintain reserves and ratios based on the gross written premiums in force, wherever written. In order to determine compliance with this provision, the following information should be included in this section:

- A. The amount of gross written premiums in force, wherever written
- B. The Applicant must comply with either of the following:
  - 1. Supply the Office with a copy of an approved executed contractual liability insurance policy. (See the attached sample policy form for approvable language.)

The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are **not** acceptable.

Or,

- 2. Supply the Office with a sworn statement of the applicant's intentions to establish and maintain a reserve as outlined by Section 634.406(1), Florida Statutes. If the applicant has service warranties on its books at the time of application, provide a list of the assets funding the reserve.

- C Satisfaction of the appropriate ratio, as given below, of statutory net assets or net worth to the gross written premiums in force.

1. Warrantor - 1 to 7
2. Warranty Seller - 1 to 7

### **Section III-3** Deposit

To assure the faithful performance of its obligations to its members or subscribers in the event of insolvency, each service warranty association shall, before the issuance of its license and during such time as the association may have premiums in force, deposit and maintain securities of the type eligible for deposit. Include in this section, an indication of how the applicant intends to comply with the deposit requirement. Select, list, and provide evidence of compliance with the applicable requirement from the following list:

- A. "Warrantors" shall use guidelines set forth in Section 634.405, Florida Statutes. Those "Warrantors" with less than \$300,000 in gross written premiums in force shall place a deposit of \$50,000 in securities in accordance with Section 625.52, Florida Statutes.
- B. "Warranty Sellers" shall deposit \$100,000 in securities in accordance with Section 625.52, Florida Statutes.
- C. In lieu of the required deposit of securities, the applicant may purchase a Surety Bond in the like amount. (Official Form Attached)

For information on how to make the required securities deposit, contact the Bureau of Collateral Management at:

Florida Department of Collateral Management  
Bureau of Collateral Management  
Capitol Building, Room P-3  
Tallahassee, Florida 32399-0345  
(850) 413-3167

### **Section III-4** Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the insurer and the goals it seeks to achieve. To meet this requirement, the plan of operations must consist of the following information:

- A. **History:** Applicant should prepare a brief history of the company since its incorporation. Include any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

Also in this section, list all companies or individuals which directly or indirectly control or are controlled by, or under control of, the applicant. Along with the list, include an organizational chart for clarification purposes.

In addition, provide a list of all d/b/a's, trade names, fictitious names or names the general public may recognize.

- B. **Management:** Applicant is to give the warranty experience of each individual (by name) involved in the areas of marketing, reserving, claims handling, accounting and investments.
- C. **Warranty Products:** Applicant should give a description of each product it plans to market.
- D. **Marketing and Growth:** Applicant should furnish a plan of marketing including methods, commission rates, projected growth pattern and other pertinent facts effecting the warranty marketing plans.

**Section III- 5** States Where Applicant is Currently Doing Business

- A. In this section, the applicant should provide a list of all states in which it is currently authorized to transact business.
- B. The applicant should provide a description of all current business transacted in Florida.

**Section III- 6** Alphabetical List of Proposed Sales Representatives (Official Form Enclosed)

The applicant should complete the attached form relating to proposed salesmen. It is understood that most applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of salesmen may be obtained from the Bureau of Licensing by calling (850) 413-3137.

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION**

**INSTRUCTIONS  
SECTION IV – MANAGEMENT**

**ANY NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.**

**Section IV-1** List of All Officers, Directors, and Shareholders

- A. List on the enclosed form, Complete List of Officers, Directors, and Shareholders (10% or more), the names of each officer, director, and person having direct or indirect control of the organization, including officers and directors up through the ultimate parent corporation or holding company. Use a separate form for each company.

Include on this form the names of each shareholder owning ten percent (10%) or more of any class of any outstanding stock of the organization, including shareholders owning ten percent (10%) or more up through the ultimate parent corporation, together with the percentage, number of shares, and class of shares held by each shareholder. If any 10% or greater owner is an entity other than a natural person, please list the owners, officers, directors, and managing members of this entity on the referenced forms. Use a separate form for each company.

- B. If the applicant is a subsidiary of a parent or holding company, provide an organization chart showing the relationship of all related corporations.
- C. Full names, including middle names, must be listed. Please state if a middle name does not exist.

**Section IV-2** Biographical Affidavit for Officers, Directors and Shareholders

Provide a Biographical Affidavit (Form OIR-C1-1423) for each officer, director, and shareholder listed in Section IV-1 except for those companies in the organizational structure between the immediate parent and the ultimate parent. All questions must be answered. If, however, the biographical affidavits are currently on file and are not more than two years old, no submission is necessary.

The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, instead of including the SSN on the Biographical Affidavit, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also, please mark CONFIDENTIAL at the top and bottom of the separate page.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to ensure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

### **Section IV-3 Background Investigative Reports**

A Background Investigative Report must be provided for each person listed in Section IV-1 above except for those companies in the organizational structure between the immediate parent and the ultimate parent. Background reports must be submitted by the selected background investigator vendor directly to the Office prior to or contemporaneously with the submission of the application filing. Please refer to Form OIR-C1-905 for instructions.

### **Section IV-4 Fingerprint Cards**

Fingerprint cards must be completed for each person listed in Section IV-1. **No fingerprint cards, other than those furnished by the Office, will be accepted.** The cards will be furnished by the Office upon request. These cards must be completed at a law enforcement or similar type agency and returned to this Office for processing. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure for instructions.

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION**

**INSTRUCTIONS  
SECTION V - FORMS AND RATES**

**NOTE: THE COMPANY IS CAUTIONED NOT TO WRITE BUSINESS USING UNAPPROVED FORMS.**

**Section V-1**   Warranty Forms

Submit three copies of all warranty forms and related forms proposed to be used. The serially pre-numbered contract forms should include, at a minimum, spaces for the following: the selling price paid by the consumer, the name of the issuing sales representative, the date the contract was issued, the name and street address of the warranty holder, and the warranty period.

**Section V-2**   Rates

Submit three copies of the rates to be charged including all modifications of rates and premiums.

**Section V-3**   Commission Structure

Submit a complete breakdown of the proposed commission structure.

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION**

**CHECK LIST  
SECTION I - APPLICATION FORM AND FEES**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Insurer application fee paid.....	<input type="checkbox"/>
(a) Copy of invoice included (Official Form) .....	<input type="checkbox"/>
(b) Copy of check .....	<input type="checkbox"/>
(c) Original mailed to Bureau of Financial and Support Services .....	<input type="checkbox"/>
2. Fingerprint fees paid electronically.....	<input type="checkbox"/>
(a) Copy of on-line payment confirmation .....	<input type="checkbox"/>
3. Company completed application for license (Official Form).....	<input type="checkbox"/>
(a) All blanks completed .....	<input type="checkbox"/>
(b) Sealed by company .....	<input type="checkbox"/>
(c) Signed by President (original signature) .....	<input type="checkbox"/>



**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION**

**CHECK LIST  
SECTION II - LEGAL**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Articles of Incorporation.....	<input type="checkbox"/>
(a) Original certification by state of domicile .....	<input type="checkbox"/>
(b) Articles with all amendments attached .....	<input type="checkbox"/>
2. Certificate of Status from State of Domicile .....	<input type="checkbox"/>
(a) Good standing indicated .....	<input type="checkbox"/>
(b) Sealed by state .....	<input type="checkbox"/>
(c) Signed by proper public official .....	<input type="checkbox"/>
(d) Original .....	<input type="checkbox"/>
3. Company By Laws .....	<input type="checkbox"/>
(a) Signed and dated by corporate secretary .....	<input type="checkbox"/>
(b) Sealed by company (corporate seal) .....	<input type="checkbox"/>
4. Service of Process Consent and Agreement (Official Form) .....	<input type="checkbox"/>
(a) Signed and dated by .....	<input type="checkbox"/>
(1). President or Chief Executive Officer .....	<input type="checkbox"/>

- (2). Secretary ..... ☐
- (b) Sealed by company (corporate seal) ..... ☐
- (c) Original with all blanks completed ..... ☐
- 5. Certificate of Status from Florida Secretary of  
State (Foreign Corporations Only) ..... ☐
- (a) Original ..... ☐
- 6. Fictitious Name Certificate (if applicable) ..... ☐
- (a) Original ..... ☐

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION**

**CHECK LIST  
SECTION III - FINANCIAL**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Financial Statements.....	<input type="checkbox"/>
(a) Not over twelve months old .....	<input type="checkbox"/>
(b) Verified under oath by at least two of the principal officers .....	<input type="checkbox"/>
(c) If indication of a parent corporation in Section IV, financial statements for parent (direct and ultimate) .....	<input type="checkbox"/>
2. Financial Requirement.....	<input type="checkbox"/>
(a) The gross written premium in force .....	<input type="checkbox"/>
(b) The applicant must comply with either of the following	
(1) A copy of the executed contractual liability Insurance policy .....	<input type="checkbox"/>
or	
(2) A sworn statement of intent to establish a reserve .....	<input type="checkbox"/>
If applicable, a list of assets funding the reserve .....	<input type="checkbox"/>
(c) Ratio compliance properly reflected .....	<input type="checkbox"/>
3. Deposit .....	<input type="checkbox"/>
(a) Warrantor - \$50,000 .....	<input type="checkbox"/>
or	
(b) Warranty Seller - \$100,000 .....	<input type="checkbox"/>
or	

- (c) In lieu of deposit, surety bond in like amount (Official Form)..... ☐
- (d) Evidence of deposit or original surety bond ..... ☐
- 4. Plan of Operations ..... ☐
  - (a) History ..... ☐
    - List of controlling or controlled companies ..... ☐
    - List of d/b/a's, trade names, or fictitious names ..... ☐
  - (b) Management ..... ☐
  - (c) Warranty products ..... ☐
  - (d) Marketing and growth ..... ☐
- 5. List of states applicant is authorized to do business in ..... ☐
- 6. List of sales representatives (Official Form)..... ☐

**APPLICATION FOR LICENSE  
SERVICE WARRANTY ASSOCIATION**

**CHECK LIST  
SECTION IV - MANAGEMENT**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Listing of officers, directors, controlling individuals and shareholders .....	<input type="checkbox"/>
a. Separate listing of all officers, directors, controlling individuals, and shareholders including percentage held and number and class of shares for the company and its parents and/or holding companies (Official Form .....	<input type="checkbox"/>
b. If parent company indicated, organization chart.....	<input type="checkbox"/>
c. Full names and titles listed (including full middle name or indication if one does not exist) .....	<input type="checkbox"/>
2. Biographical Affidavits for each individual listed in Section IV-1 (Official Form).....	<input type="checkbox"/>
For each biographical affidavit:	
(a) All blanks completed .....	<input type="checkbox"/>
(b) "Yes" answers explained .....	<input type="checkbox"/>
(c) Contains original signature .....	<input type="checkbox"/>
(d) Notarized (original) .....	<input type="checkbox"/>
(e) Submitted original of each affidavit .....	<input type="checkbox"/>
(f) Provide Social Security Number on separate page.....	<input type="checkbox"/>

3. Background Investigative Report for each individual listed in Section IV-1 ..... ☐

4. Fingerprint Cards enclosed for each person listed in Section IV-1..... ☐

For each card:

(a) Card obtained from Office of Insurance Regulation ..... ☐

(b) Card contains original signature ..... ☐

(c) No erasures on or alteration of card ..... ☐

(d) All blanks completed ..... ☐

**APPLICATION FOR LICENSE SERVICE  
WARRANTY ASSOCIATION**

**CHECK LIST  
SECTION V - FORMS AND RATES**

Company Name: \_\_\_\_\_

<u>Item #</u>	<u>Completion Check List</u>
1. Warranty forms .....	<input type="checkbox"/>
(a) 3 copies .....	<input type="checkbox"/>
(b) Serially pre-numbered .....	<input type="checkbox"/>
(c) Spaces for selling price paid by the consumer, name of issuing sales representative, date issued, warranty-holder's name and street address, and warranty period .....	<input checked="" type="checkbox"/> 2.
Rates to be charged .....	<input type="checkbox"/>
(a) 3 copies .....	<input type="checkbox"/>
3. Proposed commission structure .....	<input type="checkbox"/>

## CHECKLIST VERIFICATION

The undersigned says that he/she is a senior officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with licensure sought by \_\_\_\_\_, that he/she has read said application, that he/she knows the contents thereof and verifies that the items indicated in the application checklist have been submitted with the application, that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the applicant on behalf which the person acted, executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Give full and exact name of Applicant)

\_\_\_\_\_  
Signature of President, Secretary, or Treasurer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Title



**APPLICATION FOR LICENSE TO CONDUCT BUSINESS  
IN THE STATE OF FLORIDA  
(Service Warranty Association)**

\_\_\_\_\_, 20\_\_\_\_

TO THE INSURANCE COMMISSIONER OF THE STATE OF FLORIDA,  
TALLAHASSEE, FLORIDA

SIR: The \_\_\_\_\_  
(Give name of company or association in full)

Federal Identification Number \_\_\_\_\_

of \_\_\_\_\_  
(Home Office Address) (City) (State) (Zip)

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**through its duly authorized officers, hereby applies for license authorizing and empowering the Company or Association aforesaid to transact service warranty business in the State of Florida, under the laws thereof and do hereby affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.**

(Corporate Seal) By \_\_\_\_\_  
President or Chief Executive Officer

Attest \_\_\_\_\_  
Secretary

Name of Attorney or Principal filing this application:

\_\_\_\_\_  
Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## INVOICE

### SERVICE WARRANTY ASSOCIATION REQUEST FOR PAYMENT OF APPLICATION FEES

NAME OF COMPANY: \_\_\_\_\_

FEIN# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS)

\_\_\_\_\_

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

In reference to the submission by the above-referenced insurer's application to do business in Florida, it is necessary for you to return this form with the proper payment.

#### PLEASE NOTE:

1. Send a check in the proper amount made payable to the Florida Department of Financial Services and **mail the check and invoice only** to the Florida Department of Financial Services, Bureau of Financial Services, P.O. Box 6100, Tallahassee, Florida 32314-6100.

2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

<b><u>RECEIPT NUMBER</u></b>	<b>AMOUNT</b>	<b>TYPE</b>	<b>CLASS</b>	<b>FUND</b>	<b>ACCT</b>	<b>SOURCE</b>
	<b>\$200.00</b>	<b>10</b>	<b>32</b>	<b>3</b>	<b>00</b>	<b>2</b>

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

**(Print or Type)**

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

2. a. Are you a citizen of the United States?

Yes ☐ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☐

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: \_\_\_\_\_

4. Affiant's business address: \_\_\_\_\_

Business telephone: \_\_\_\_\_ Business Email: \_\_\_\_\_

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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\_\_\_\_\_

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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\_\_\_\_\_

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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\_\_\_\_\_

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
--	---------------------	---	--

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Present or proposed position with the Applicant Company: \_\_\_\_\_

\_\_\_\_\_

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☐

If any claims were made on the bond, give details: \_\_\_\_\_

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☐

If yes, give details: \_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

\_\_\_\_\_

\_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☐

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☐

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☐

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☐

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☐

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☐

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☐

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☐ No ☐

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes ☐ No ☐

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☐

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

\_\_\_\_\_  
\_\_\_\_\_

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person,

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_

\_\_\_\_\_

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☐

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

\_\_\_\_\_

\_\_\_\_\_

If any of the shares of stock are pledged or hypothecated in any way, give details.

\_\_\_\_\_

\_\_\_\_\_

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☐

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. \_\_\_\_\_

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☐

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☐

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Yes ☐ No ☐

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

\_\_\_\_\_  
(Signature of Affiant)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

☐ who is personally known to me, or

☐ who produced the following identification: \_\_\_\_\_.

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires



Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

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1. Affiant's Full Name (Initials Not Acceptable): First:\_\_\_\_\_ Middle:\_\_\_\_\_ Last:\_\_\_\_\_

IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS  
COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes ☐ No ☐

If yes, give the reason if any, if NONE indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If NONE, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

3. Affiant's Social Security Number: \_\_\_\_\_

4. Government Identification Number if not a U.S. Citizen: \_\_\_\_\_

5. Foreign Student ID# (if applicable) : \_\_\_\_\_

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

6. Date of Birth: (MM/DD/YY) : \_\_\_\_\_ Place of Birth, City: \_\_\_\_\_  
State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

7. Name of Affiant's Spouse (if applicable) : \_\_\_\_\_

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

\_\_\_\_\_  
(Signature of Affiant)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

☐ who is personally known to me, or

☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

## DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact \_\_\_\_\_ [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, and:

☐ who is personally known to me, or

☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
**(Minnesota and Oklahoma)**

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- ☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- ☐ who is personally known to me, or  
☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
**(California)**

This Disclosure and Authorization is provided to you in connection with a pending application of \_\_\_\_\_ **[company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through \_\_\_\_\_ **[name of CRA, address]** (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ **[company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- ☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- ☐ who is personally known to me, or  
☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.





## **Florida Office of Insurance Regulation**

### **Management Information Form**

Provide a complete listing of the individuals or entities managing, owning, or exercising control over the entity named below, i.e., Incorporators, Officers, Directors, 10% or Greater Shareholders, Partners, Proprietors, Management Company Principals, Association Members, Trustees, Key Individuals, and other like positions (5% if an HMO). Please type or print clearly.

Name of Entity: \_\_\_\_\_

<b>Name</b>	<b>Title (e.g.: President)</b>	<b>Position (e.g.: Officer)</b>	<b>Ownership %</b>
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\*Additional pages in like format may be attached as necessary

**OIR-C1-2221**

**Rev.: 6/20**

**Rule: 690-198.011**

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**M E M O R A N D U M**

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**DATE:** January 8, 2021

**TO:** David Altmaier, Commissioner, Office of Insurance Regulation

**THROUGH:** Anoush Brangaccio, General Counsel

**FROM:** Michael Lawrence, Jr., Chief Legal Counsel

**SUBJECT:** Cabinet Agenda for February 2, 2021  
Request for Approval to Publish and the Final Approval to Adopt Amendments to  
Rules 690-199.001, .005, .008, .010, .012, .015  
Assignment # 252639-19

The Office of Insurance Regulation ("Office") requests that these proposed rule amendments be presented to the Cabinet aides on or before January 27, 2021, and to the Financial Services Commission on February 2, 2021, with a request for Final Approval to Adopt the proposed rule and for final adoption if no member of the public timely requests a rule hearing or if a hearing is requested and no notice of change is needed.

The notice of development of rulemaking was published on September 29, 2020, in Volume 46, No. 190, of the *Register*. The Office did not receive a request to hold a workshop.

P&C and legal reviewed all the rules in Chapter 199, F.A.C., to determine if any rules should be amended or repealed. Rule 690-199.001 is repealed because it does not meet the definition of a "rule" under section 120.52(16), F.S. Rule 690-198.005, F.A.C., is amended to update the financial requirements.

Rule 690-199.010, F.A.C., is being repealed and the license continuance requirements are moved into Rule 690-198.008, F.A.C, to combine all application requirements in a single rule. This rule will later be transferred to Chapter 136, F.A.C., as part of the ongoing applications project.

Rule 690-199.012, F.A.C., is amended to update the annual statement requirements. Rule 690-199.015, F.A.C., is repealed due to all the forms being directly incorporated into other rules in the chapter.

Updating forms to comply with notary requirement changes due to Chapter 2019-71, Laws of Florida.

Sections 624.307, 624.424, 634.302, 634.304, 634.306, 624.307, 634.3073, 634.3077, 634.313, and 634.315, F.S., are the rulemaking authority and laws implemented for this rule.

Attached are the proposed rules.

Approved for signature:

  
Anoush Brangaccio, General Counsel

Approved for submission to Financial Services  
Commission:

  
David Altmaier, Commissioner  
Office of Insurance Regulation

**CHAPTER 69O-199**  
**HOME WARRANTY ASSOCIATIONS**

69O-199.001	Purpose and Scope
69O-199.005	Financial Requirements Regarding the Funded, Unearned Premium Reserve Account
69O-199.008	General Eligibility Requirements
69O-199.010	License Renewal
69O-199.012	Annual Statement
69O-199.015	Forms Incorporated by Reference

**69O-199.001 Purpose and Scope.**

~~The purpose of this rule chapter is to implement the provisions of chapter 634, part II, F.S., to regulate the issuance of a license and the operation of Home Warranty Associations as provided therein.~~

*Rulemaking Authority 634.302 FS. Law Implemented 634, Part II FS. History—New 7-15-90, Formerly 4-118.001, 4-199.001, Repealed.*

**69O-199.005 Financial Requirements Regarding the Funded, Unearned Premium Reserve Account.**

(1)(a) “Gross premium” means the total amount of premium paid by the consumer, inclusive of commissions.

(b) “Gross Written Premiums” means the total amount of premiums paid by the consumer, inclusive of commissions for which the association is obligated.

~~(c)(b)~~ “Obligated” means outstanding warranties in force which have not expired or been canceled and a refund made to the consumer.

(2)(a) Written contracts are required on all sales made between the home warranty association and the consumer.

(b) The serially numbered contract shall include:

1. The selling price to the ultimate consumer;
2. Issuing sales representative;
3. Date issued;
4. Name and street address of warranty holder;
5. Warranty period; and,
6. Other information pertinent to the transaction.

(c) Copies of all warranty contracts shall be maintained by the association for a period of at least four years after expiration of the contract. For purposes of records kept on computer file pursuant to section 634.3135, F.S., a single computer copy may be kept of any form that is uniformly distributed to contract holders, if that computer record exactly duplicates the form sent to all contract holders.

(3) Each home warranty association shall maintain a warranty register, which shall include at least the following items:

- (a) Contract number;
- (b) Date issued;
- (c) Issuing sales representative;
- (d) Name and street address of warranty holder;
- (e) Warranty period;
- (f) Net Premium;
- (g) Commission to sales representative; and,
- (h) Gross Premium.

~~(4) “Gross premium” means the total amount of premium paid by the consumer, inclusive of commissions.~~

~~(4)(5)~~ The unearned premium reserve account is calculated as follows: the minimum reserve for all home warranty associations shall be 25 percent of the gross written premium for which the association is obligated on all contracts, issued in this any state.

~~(5)(6)~~ The unearned premium reserve account shall be totally funded and identified at all times by unencumbered assets. Those prescribed assets funding the unearned premium reserve shall be clearly designated for this purpose and such reserve account must be a separate auditable account for contracts in force in this state.

~~(6)(7)~~ The ratios required by section 634.3077(2), F.S., are net assets to gross written premiums for which the association is obligated, wherever written, in any state, except that the ratio of net assets to gross written premiums may be less if the association has net assets of not less than \$500,000 and maintains a funded, unearned premium

reserve account equal to a minimum of 40 percent of the gross written premiums received by it from all warranty contracts in force in this state.

Rulemaking Authority 634.302 FS. Law Implemented 634.3077 FS. History—New 7-16-92, Formerly 4-199.005, Amended \_\_\_\_\_.

**690-199.008 Application for License and License Renewal. General Eligibility Requirements.**

Substantial rewording of Rule 690-199.008, F.A.C. follows. See Florida Administrative Code for present text.

**(1) Application for License as a Home Warranty Association**

**(a) An application for a person applying for a license as a home warranty association consists of the following:**

**1. Form OIR-C1-490, “Application for License Home Warranty Association,” effective 12/18, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**2. Form OIR-A3-455, “Home or Service Warranty Association Surety Bond,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**3. Form OIR-C1-144, “Service of Process Consent & Agreement,” effective 6/04, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**4. Form OIR-C1-905, “Instructions for Furnishing Background Investigative Reports,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**5. Form OIR-C1-938, “Fingerprint Payment and Submission Procedures,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**6. Form OIR-C1-969, “Contractual Liability Policy,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**7. Form OIR-C1-995, “List of Proposed Sales Representatives,” effective 10/05, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);**

**8. Form OIR-C1-1423, “Biographical Affidavit,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX); and**

**9. Form OIR-C1-2221, “Management Information Form,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX).**

**(b) A person applying for a license as a home warranty association shall submit the forms listed in paragraph (1)(a) as directed by the Office electronically at <https://www.flor.com/iportal>.**

**(2) Annual License Renewal**

**(a)1. All home warranty association licenses shall expire on June 1.**

**2. Failure to submit the application for continuance by June 1 shall result in expiration of the license and will require the filing of a new application for licensure.**

**(b) A licensee seeking to continue operating as a home warranty association shall submit the following:**

**1. Form OIR-A3-1073, “Application for Renewal of License Home Warranty Association,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX), filed electronically at <https://www.flor.com/iportal> and**

**2. A fee of \$200.00 filed annually in conjunction with the June 1 filing of the Annual Statement.**

**(c) Any licensee who fails to renew a home warranty association license shall immediately cease and desist from engaging in the home warranty business in the state of Florida. The home warranty association shall honor those home warranty contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.**

**(1) Biographical statements (Form OIR-422 as adopted in rule 690-199.015, F.A.C., on the following persons shall be included in the application for a Certificate of Authority (COA):**

**(a) Persons who own or control in excess of five percent of the outstanding stock of the home warranty association;**

**(b) Members of the board of directors of the home warranty association;**

**(c) All officers who are identified in section 634.306, F.S., and any other individuals who have policy decision making authority;**

**(d) All officers and directors of any parent corporation or corporations of the home warranty association, if parent exists; and,**

**(e) All officers and directors of any external management company contracted with the home warranty**

association, if management company exists, pursuant to paragraph (1)(c), above.

(2) This requirement also applies to individuals who, subsequent to the date of application for a COA, become associated with a home warranty association and meet any of the qualifications listed in paragraphs (1)(a) through (1)(e), above.

(3) Home warranty associations are required to notify the Office in writing within 15 days of any new officers, directors, or stockholders owning 5% or more of the outstanding voting securities of the home warranty association.

(4) Home warranty associations are required to notify the Office in writing within 15 days of any change in the corporate name, business name, trademark, or emblem of the association.

(5) All filings shall be submitted electronically to <http://www.floir.com/portal>.

*Rulemaking Authority 634.302 FS. Law Implemented 624.424, 634.304, 634.306, 624.307, 634.3073, 634.315 FS. History—New 7-16-92, Amended 4-3-94, Formerly 4-199.008, Amended 7-30-17, \_\_\_\_\_.*

#### **690-199.010 License Renewal.**

(1)(a) All home warranty association licenses shall expire on June 1.

(b) The qualified license holder shall file for renewal of its license on the form prescribed by the Office.

(c) The renewal form and a fee of \$200.00 shall be received by the Office annually at least 30 days prior to June 1 of each year. All filings shall be submitted electronically to <http://www.floir.com/portal>.

(d) Failure to submit the application for renewal by June 1 shall result in expiration of the license, and will require the filing of a new application for licensure.

(2)(a) Any licensee who fails to renew said license shall immediately cease and desist from engaging in the Home Warranty business in the State of Florida.

(b) The association shall honor those warranty contracts in force until date of expiration or date of cancellation, with a refund made to the consumer, provided by written contract.

*Rulemaking Authority 634.302 FS. Law Implemented 624.424, 634.307 FS. History—New 7-16-92, Amended 4-3-94, Formerly 4-199.010, Amended 7-30-17, Repealed \_\_\_\_\_.*

#### **690-199.012 Annual Statement.**

(1)(a) An Annual Statement Report shall be filed with the Office of Insurance Regulation, on or before March 1 of each year, on Form OIR-A3-491, “Annual Statement for Home Warranty Association,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX). The filings shall be submitted electronically via the Office’s system at <https://www.floir.com/portal>, on the form prescribed by the Office in rule 690-199.015, F.A.C.

(b) If the Annual Statement statement does not include all information requested in the format provided, it will not be deemed filed until all deficiencies are corrected.

(2) A late filing fee will be assessed in accordance with rule chapter 690-207, F.A.C., for each company that has not filed a complete Annual Statement annual statement in accordance with this rule.

(3)(a) Any request for an extension of filing the Annual Statement annual report shall be in writing and the reason(s) for the extension explained in detail.

(b) All requests for extension must be filed with the Office fifteen (15) days prior to the deadline date for filing the annual report.

(c) Any request for extension request received less than fifteen (15) days prior to due date will be denied except for unavoidable circumstances, which include for example:

1. Death of key personnel; or

2. Destruction of records by fire, hurricane, or other natural disasters.

(4) All filings shall be submitted electronically at <http://www.floir.com/portal>.

*Rulemaking Authority 634.302 FS. Law Implemented 624.307(1), 624.424, 634.313 FS. History—New 7-16-92, Amended 4-3-94, Formerly 4-199.012, Amended 7-30-17, \_\_\_\_\_.*

#### **690-199.015 Forms Incorporated by Reference.**

(1) The following forms are incorporated into this rule chapter by reference to implement the provisions of chapter 634, part II, F.S.:

Title	Form Number
-------	-------------

(a) Application for License Home Warranty Association	OIR C1 490 <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref 08297">http://www.flrules.org/Gateway/reference.asp?No=Ref 08297</a> (12/05)
(b) Annual Report	OIR A3 491 <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref 08300">http://www.flrules.org/Gateway/reference.asp?No=Ref 08300</a> (03/91)
(c) Statement of Acquisition, Merger or Consolidation of A Specialty Insurer Pursuant to sections 628.461, 628.4615, F.S.	OIR C1 448 (12/05)
(d) Consent and Agreement in Re: Service of Process	OIR C1 144 (11/90)
(e) Authority to Release Information	OIR C1 450 (08/91)
(f) Biographical Statement and Affidavit	OIR 422 (11/90)
(g) Abbreviated Biographical Statement	OIR 449 (01/91)
(h) Home Warranty Bond	OIR 455 (01/89)
(i) Certification of Filing Annual Tax on Premiums and Assessment	OIR 440 (12/89)
(j) Resolution Form	OIR 514 (11/90)
(k) Renewal Notice	OIR 1073 (04/92)

(2) Forms are available at <http://www.flair.com/iportal>.

*Rulemaking Authority 634.302 FS. Law Implemented 624.424, 634.306, 634.3073, 634.3077, 634.313, 634.315 FS.  
History—New 7-15-90, Formerly 4-118.015, Amended 7-16-92, Formerly 4-199.015, Amended 7-30-17, Repealed*



**Office of Insurance Regulation**  
**Specialty Product Administration**

Bond No: \_\_\_\_\_

**HOME OR SERVICE WARRANTY ASSOCIATION SURETY BOND**

**KNOW ALL MEN BY THESE PRESENTS, THAT** \_\_\_\_\_  
\_\_\_\_\_ AS PRINCIPAL, (Hereinafter referred to as "the Principal")  
and \_\_\_\_\_ AS SURETY, (Hereinafter  
referred to as "the Surety") are held and firmly bound unto the Commissioner of the Office of  
Insurance Regulation of Florida, and his successors in office, the sum of \_\_\_\_\_  
\_\_\_\_\_ ( \$ \_\_\_\_\_ .00) lawful money of the United States, to the payment  
whereof we hereby bind ourselves, jointly and severally, and our successors, assigns, and  
representatives.

This bond will be effective on the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20 \_\_ \_\_, at 12:01 a.m.

**THE CONDITION OF THE ABOVE OBLIGATION IS, THAT, WHEREAS**, by virtue of  
Chapter 634, Florida Statutes, the above bounden, the Principal herein named, is required to make a  
deposit of \$ \_\_\_\_\_ .00 in cash or approved securities with the Commissioner or a  
surety bond in the amount of \$ \_\_\_\_\_ .00 of a surety company authorized to do  
business in the State of Florida, said bond and company to be approved of by said Commissioner to  
assure the faithful performance of the principal's obligations to its members or subscribers assumed in  
the State of Florida while this bond is in effect:

**AND WHEREAS**, the above bounden, the Principal herein named has elected to give such surety  
bond with the Surety above named;

**NOW, THEREFORE**, if the said Principal named herein shall faithfully perform its obligations to its  
members or subscribers, and shall pay each, every and all of its liabilities to its members or subscribers  
in the State of Florida after the said liabilities shall have been adjusted between the Principal and its  
members or subscribers in the mode prescribed by the contract between the Principal and its members  
or subscribers, if a mode be prescribed, or by judgement, order or decree of a Court having jurisdiction  
of the subject, and shall fully and faithfully respond to and settle all said obligations to its members or  
subscribers arising from contracts effectuated while this bond is in effect and resting upon it by virtue  
of its said contracts with its members or subscribers, or imposed upon it by the laws of the State of  
Florida, then and in that event this bond shall be null and void.

**IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED BY AND BETWEEN THE  
PARTIES HERETO, THAT THIS BOND MAY NOT BE CANCELLED OR RELEASED  
UNTIL AFTER 60 DAYS NOTICE IN WRITING TO THE COMMISSIONER PROVIDED  
SUCH CANCELLATION SHALL NOT RELEASE SAID SURETY FROM ANY LIABILITY  
FOR CLAIMS ARISING OUT OF CONTRACTS ISSUED BEFORE CANCELLATION OF  
THE BOND.**

IN WITNESS WHEREOF, the said parties hereunto have caused to be set the hands of their respective proper officers and to be affixed their respective corporate seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_.

Signed and sealed in the presence of:

_____ WITNESS	By: _____ PRESIDENT
_____ WITNESS	_____ SECRETARY

NOTE: Attach to this bond a properly certified copy of the Agent's Power of Attorney

Executed at \_\_\_\_\_, Florida  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_.  
By: \_\_\_\_\_  
Florida Resident Agent of Surety Company



**Office of Insurance Regulation**  
*Specialty Product Administration*

**FLORIDA COMPANY  
CODE:**

**FEDERAL EMPLOYER  
IDENTIFICATION NUMBER:**

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**ANNUAL  
STATEMENT FOR  
HOME  
WARRANTY  
ASSOCIATION  
OF THE**

---

(Home Warranty Association)

**TO THE  
OFFICE OF INSURANCE REGULATION  
OF THE  
STATE OF FLORIDA**

Specialty Product Administration  
200 East Gaines Street  
Tallahassee, FL 32399 - 0331

**FOR CALENDAR YEAR ENDED**

---

**DUE ON OR BEFORE  
MARCH 1 EACH YEAR**

**GENERAL INFORMATION AND INSTRUCTIONS**

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
3. All terms used in this statement will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this statement, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on:

Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the statement page. This will highlight the fields where you may enter data.
7. The statement form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
8. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.). Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
9. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
10. "Save" or "Submit" buttons are provided on the last page of this statement. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your statement form is uploaded as a "Completed" document to your Component List; this does not submit the statement to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

STATEMENT

Please see the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

Company Name: \_\_\_\_\_

Company FEIN: \_\_\_\_\_ Florida Company Code: \_\_\_\_\_ Period Ending Date: \_\_\_\_\_

State and Date of Incorporation/Organization: \_\_\_\_\_ (State/Prov): \_\_\_\_\_ (Date): \_\_\_\_\_

Date Licensed by the Office of Insurance Regulation: \_\_\_\_\_ (Date): \_\_\_\_\_

Date Commenced Business: \_\_\_\_\_ (Date): \_\_\_\_\_

Address of Home Office:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Address of Main Administrative Office:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Records Location (if different than Main Office):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Address of Principle Florida Office:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Website:

\_\_\_\_\_

Type of entity (check one)

☐ Corporation - For profit

☐ Sole proprietorship

☐ Corporation - Not for profit

☐ Limited liability company

☐ Partnership

☐ Other: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

OFFICERS / DIRECTORS / MEMBERS  
Show full name (initials not acceptable)

Chief Executive Officer \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer / Chief Financial Officer \_\_\_\_\_

Chairman of the Board \_\_\_\_\_

Directors / Members

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

\_\_\_\_\_, President, \_\_\_\_\_, Secretary,  
and \_\_\_\_\_, Chief Financial Officer (or corresponding person having charge of the  
financial records of the licensee), of the \_\_\_\_\_ being duly sworn  
each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting  
period stated above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims  
thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein  
contained, annexed or referred to is a full and true statement of all assets and liabilities and of the condition and affairs of the said  
licensee as of the reporting period stated above, and of its income and deductions for the period reported.

The foregoing instrument was acknowledged before me by \_\_\_\_\_ President/Owner  
means of ☐ physical presence or ☐ online notarization, \_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ Secretary

Notary Public: \_\_\_\_\_ Treasurer/CFO

Commission Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Print this page

BALANCE SHEET  
ASSETS

	December 31	
CURRENT ASSETS:	Current Year	Last Year
1. Cash on Hand and on Deposit (Schedule A - Page 7)		
2. Investments (Schedule B - Page 8)		
3. Receivables (Schedule C - Page 9)		
Allowance for Doubtful Accounts	( )	( )
4. Prepaid Expenses		
5. Inventories		
6. Other Current Assets (Schedule D - Page 10)		
7. Total Current Assets		
NON-CURRENT ASSETS:		
8. Investments (Schedule B - Page 8)		
9. Receivables (Schedule C - Page 9)		
Allowance for Doubtful Accounts	( )	( )
10. Deferred Acquisition Expenses (Attach Details)		
11. Deferred Expenses		
12. Intangible Assets		
13. Other Non-Current Assets (Schedule D - Page 10)		
14. Total Non-Current Assets		
FIXED ASSETS (NET OF ACCUMULATED DEPRECIATION)		
15. Real Estate Owned		
16. Automobiles		
17. Office Equipment & Furniture		
18. Leasehold Improvements		
19. Other Fixed Assets (Schedule D - Page 10)		
20. Total Fixed Assets (Net of Accumulated Depreciation)		
21. Total Assets		
22. Less Non-Admitted Assets (Schedule E, Line 10, Page 11)	( )	( )
23. TOTAL ADMITTED ASSETS		

BALANCE SHEET  
LIABILITIES AND STOCKHOLDERS' EQUITY

	December 31	
LIABILITIES:	Current Year	Last Year
1. Accounts Payable		
2. Commissions Payable		
3. Taxes Payable		
4. Current Portion of Notes Payable (Schedule F - Page 12)		
5. Accrued Interest Payable		
6. Claims Payable / Reserve		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
7. Other Current Liabilities (Schedule G - Page 14)		
8. Total Current Liabilities		
9. Reserve for Unearned Premium		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
10. Long Term Portion of Notes Payable (Schedule F - Page 12)		
11. Other Long Term Liabilities (Schedule G - Page 13)		
12. Total Long Term Liabilities		
13. Total Liabilities		
STOCKHOLDERS' EQUITY:		
14. Common Stock		
15. Preferred Stock		
16. Additional Paid-in Capital		
17. Retained Earnings (Line 17 - Page 6)		
18. Less Treasury Stock	( )	( )
19. Other (Attach Detail)		
20. Total Stockholders' Equity		
21. TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY		
22. Total Stockholders' Equity (Line 20 above)		
23. Less Non-Admitted Assets (Schedule E, Line 10, Page 11)	( )	( )
24. Statutory Net Worth		

STATEMENT OF OPERATIONS AND RETAINED EARNINGS

	December 31	
INCOME:	Current Year	Last Year
1. Premiums Earned		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
2. Total Net Investment Income Earned:		
a. Net Income Earned on all Reserves		
b. Net Income Earned on Other Investments		
3. Net Realized Capital Gains (or Losses)		
4. Other Income (Attach Schedule)		
5. Total Income		
EXPENSES:		
6. Claims		
a. Motor Vehicle Warranty (F.S. 634, Part I)		
b. Home Warranty (F.S. 634, Part II)		
c. Service Warranty (F.S. 634, Part III)		
7. Commissions to Agents		
8. General Expenses (Attach Schedule)		
9. Total Expenses		
10. Net Gain (or Loss) from operations before Federal and State Income Taxes and Extraordinary Item(s)		
11. Extraordinary Item(s) (Attach Schedule)		
12. Federal and State Income Taxes		
13. Net Gain (or Loss) from Operations		
14. Retained Earnings, December 31, Previous Year		
15. Other (Attach Details)		
16. Less Dividends to Stockholders	( )	( )
17. RETAINED EARNINGS (Enter on Line 17, Page 5)		

Year Ending:

☐ Check if Not Applicable[illegible]

Month	Balance	Month	Balance	Month	Balance	Month	Balance
JAN		APR		JUL		OCT	
FEB		MAY		AUG		NOV	
MAR		JUN		SEP		DEC	

Year Ending:

Place a check in the column marked with an asterisk (\*) if this investment represents reserve funds invested. Show all stocks, bonds, debenture bonds, collateral or mortgage notes owned and list in the order of their maturity. If stocks and bonds are not traded on one of the major exchanges or over-the-counter, then sufficient information should be given so that the investments may be verified. Collateral and mortgage notes owned should also reflect sufficient data for confirmation. If investment is on deposit with the Department, indicate with a check in the column marked with a number sign (#).

Description	Maturity Date or Number of Shares	*	#	Market Value	Original Cost
Current:	<input type="checkbox"/> Check if Not Applicable				
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
	Total Current (Line 2, Page 4):				
Non-Current:	<input type="checkbox"/> Check if Not Applicable				
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
	Total Non-Current (Line 8, Page 4):				
	TOTAL INVESTMENTS:				



Year Ending:

Place a check in the column marked with an asterisk (\*) on all receivables which are past due over 90 days. Under **Description / Name of Debtor**, identify if the Debtor is an **Affiliate**, **Director**, **Officer**, **Share Holder**, or **Employee / Salesperson**.

Description / Name of Debtor	*	Security / Nature of Debt	Balance
<b>Current:</b>	<input type="checkbox"/> Check if Not Applicable		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
		<b>Total Current</b> (Line 3, Page 4):	
<b>Non-Current:</b>	<input type="checkbox"/> Check if Not Applicable		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
		<b>Total Non-Current</b> (Line 9, Page 4):	
		<b>TOTAL RECEIVABLES:</b>	

SCHEDULE D  
OTHER ASSETS  
(Net of Accumulated Depreciation)

Identify as current, non-current, or fixed where appropriate. Place a check in the column marked with an asterisk (\*) if all or any part of the asset is assigned as collateral for a loan or is otherwise restricted.

Name	Nature of Asset	*	Balance
Other Current Assets:	<input type="checkbox"/> Check if Not Applicable		
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Other Current Assets (Line 6, Page 4) :			
Non-Current Assets:	<input type="checkbox"/> Check if Not Applicable		
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Other Non-Current Assets (Line 13, Page 4):			
Other Fixed Assets:	<input type="checkbox"/> Check if Not Applicable		
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Total Other Fixed Assets (Line 19, Page 4):			
TOTAL OTHER ASSETS:			

SCHEDULE E  
NON-ADMITTED ASSETS

1.	Notes, Accounts Receivables or Advances:		
a.	From Affiliates		
b.	From Controlling Stockholder / Ownership Interest		
c.	From Directors / Officers		
d.	From Employees / Salesmen		
e.	From Others		
Total (Line 1, entries a through e):			
2.	Fixed Assets costing less than \$200 each or amortized longer than five years		
3.	Leasehold Improvements in excess of Statute authorization		
4.	Investments:		
a.	In Subsidiaries		
b.	In Affiliates of Parent / Ultimate Parent		
Total (Line 4, entries a and b):			
5.	Prepaid Expenses in excess of Liquidation Value		
6.	Deferred Expenses		
7.	Intangible Assets:		
a.	Goodwill		
b.	Franchises		
c.	Customer Lists		
d.	Patents or Trademarks		
e.	Agreements not to Compete		
f.	Others (Identify)		
Total (Line 7, entries a through f):			
8.	Any Other asset pledged as collateral or otherwise restricted		
9.	Other Assets not allowed by Statute (Identify)		
Total (Line 9, all entries):			
10.	TOTAL NON-ADMITTED ASSETS (Line 22, Column 1, Page 4 and Line 23, Page 5)		

SCHEDULE F  
NOTES PAYABLE

Place a check in the column marked with an asterisk (\*) to designate Notes due to Affiliates, Directors, Officers, or Controlling Shareholder / Interest.

Description		Balance
Current Portion of Notes Payable:	<input type="checkbox"/> Check if Not Applicable *	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Total Current Portion of Notes Payable (Line 4, Page 5):		
Long-Term Portion of Notes Payable:	<input type="checkbox"/> Check if Not Applicable *	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Total Long-Term Portion of Notes Payable (Line 10, Page 5):		
TOTAL NOTES PAYABLE:		

Year Ending:

## SCHEDULE G OTHER LIABILITIES

Name	Nature of Liability	Balance
Other Current Liabilities:	<input type="checkbox"/> Check if Not Applicable	
Total Other Current Liabilities (Line 7, Page 5):		
Other Long-Term Liabilities:	<input type="checkbox"/> Check if Not Applicable	
Total Other Long-Term Liabilities (Line 11, Page 5):		
TOTAL OTHER LIABILITIES:		

SCHEDULE H  
FUNDED UNEARNED PREMIUM RESERVE  
Chapter 634, Florida Statutes

List all assets used to meet the Unearned Premium Reserve requirement(s) for any warranty license(s) held by the Licensee. The reserve is required to be funded with unencumbered assets. The assets shall be held as prescribed under Chapter 625.301 - 625.340, Florida Statutes. (Attach additional pages, if needed.) Please identify any assets on deposit with the Department of Financial Services, Division of Treasury, Bureau of Collateral Management with check in the column marked with an asterisk (\*).

Description of Asset	Maturity or Number of Shares	*	Market Value	Original Cost
Motor Vehicle Service Agreement Company			<input type="checkbox"/> Check if Not Applicable	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
MOTOR VEHICLE SERVICE AGREEMENT COMPANY RESERVES:				
Home Warranty Association			<input type="checkbox"/> Check if Not Applicable	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
HOME WARRANTY ASSOCIATION RESERVES:				
Service Warranty Association			<input type="checkbox"/> Check if Not Applicable	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
SERVICE WARRANTY ASSOCIATION RESERVES:				
TOTAL RESERVES:				

EXHIBIT I  
Premiums Written and Premiums Earned

1. Premiums Written, Current Year	
2. Other Fees and Charges	
3. Unearned Premiums at End of Prior Year	
4. Unearned Premiums at End of Current Year	( )
5. Other (Explain)	
6. Premium Earned (Sum of Lines 1 through 5)	*

\* Must agree with Line 1b, Column 1, Page 6

EXHIBIT II  
Premium to Asset Ratio

1. Premiums in Force at End of Current Year (From Exhibit IV, Line 5, Column b, Page 17)	
2. Total Net Assets (From STATUTORY NET WORTH, Line 24, Page 6)	
3. Minimum Net Assets Required = Premiums in Force / 6 (Line 2 must be greater than or equal to Line 1 divided by 6)	
4. If Line 2 is Less than Line 3, the difference must be infused to correct the net worth deficiency:	

EXHIBIT III  
Claims

	(a) Number of Contracts	(b) Amount of Claims	(c) Average Amount of Claims**
1. Claims Paid for Current Year			
2. Claims Reported but Not Paid for Current Year			
3. Claims Incurred but Not Reported			
4. Total Current Year Claims Expense (* Must agree with Line 6b, Column 1, Page 6)		*	
5. Claims Paid for the Prior Year			
6. Claims Incurred But Not Reported, for the Prior Year			
7. Other (Explain)			

\*\* Column (c) = Column (b) / Column (a)

**EXHIBIT IV**  
**Summary of Business Written in All States, Including FLORIDA**  
(Accrual Basis)

	(a) Number of Contracts	(b) Premium Amount	(c) Statutory Reserves
1. In-Force at End of Prior Year			
2. Issued During Current Year			
3. Cancellations & Refunds During Current Year	( )	( )	
4. Expirations During Current Year	( )	( )	
5. In-Force at End of Current Year			*

Columns (a) & (b): 1+2-3-4=5; Column (c) must be at least 25% of Column (b)  
\* Must agree with Line 9b, Page 5

**EXHIBIT V**  
**Summary of Business Written - FLORIDA Only**  
(Accrual Basis)

	(a) Number of Contracts	(b) Premium Amount	(c) Statutory Reserves
1. In-Force at End of Prior Year			
2. Issued During Current Year			
3. Cancellations & Refunds During Current Year	( )	( )	
4. Expirations During Current Year	( )	( )	
5. In-Force at End of Current Year			

**EXHIBIT VI**  
**Summary of Premiums & Assessments Received - FLORIDA Only**  
(Cash Basis)

	Amount Collected
1. Home Warranty Premiums Collected During Current Year	
2. Home Warranty Assessments Collected During Current Year	
3. Home Warranty Fees Collected During Current Year	
4. Cancellations & Refunds During Current Year	
5. Net Collections at End of Current Year (Enter on OIR-A3-440)	
6. Premium Tax Due (2% of Line 5) (Enter on OIR-A3-440)	0

Include as part of "Taxes Payable", Line 3, Page 5)



Company Name:

Year Ending:

LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this statement period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at <http://www.flair.com/siteDocuments/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Year Ending:

LIST OF COMPANIES

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this statement period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

SAVE/SUBMIT PAGE

**Save** - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

**Submit Final** - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final



Department of Financial Services  
*Office of Insurance Regulation – Specialty Product Administration*

Licensee: \_\_\_\_\_

APPLICATION for  
RENEWAL of LICENSE

Address: \_\_\_\_\_

HOME WARRANTY ASSOCIATION

City, State Zip \_\_\_\_\_

For the period: 06/01/\_\_\_ \_\_ to 05/31/\_\_\_ \_\_

Federal Employer ID Number: \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_

FL Company Code: **70** \_\_\_ - \_\_\_ - \_\_\_

Due by May 31

**IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS HOME WARRANTY ASSOCIATION LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.**

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS:**

1. If you wish to renew, complete and sign this application and forward it along with your remittance in the amount of \$200.00 made payable to: **Florida Department of Financial Services.**
2. Application must be signed by:
  - a. The owner or authorized representative, if a sole-proprietorship.
  - b. The president and secretary, if a corporation.
  - c. The managing or senior partner(s) or managing director(s), if a partnership or association.  
(If necessary, attach additional sheets.)
3. The renewal application and remittance must be received on or before May 31 by:

Florida Department of Financial Services  
Revenue Processing Section  
Post Office Box 6100  
Tallahassee, Florida 32314-6100

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$200.00	10	31	L	3002

# SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

☐ Original Designation    ☐ Insurer Name Change    ☐ Merger / Acquisition    ☐ Update Delivery Information

Insurer or Company Name: \_\_\_\_\_

Previous Name (If applicable): \_\_\_\_\_

Home Office Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FEI # \_\_\_\_\_

FL Company Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. **In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.**

**Designated Person  
to receive process:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_  
President or CEO's Signature

\_\_\_\_\_  
President or CEO's Name (Typed or Printed)

SEAL

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Secretary's Name (Typed or Printed)

OIR-C1-144  
Rev 06/2004  
Rules 690-193.003, 690-199.008

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.



## **Florida Office of Insurance Regulation**

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### **APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

This packet is designed to assist individuals in preparing the application in accordance with Florida Statutes and Rules and to facilitate expeditious processing of the application by the Florida Office of Insurance Regulation ("Office").

Please submit all documents required by this packet in searchable PDF format unless otherwise indicated or required by Florida Statutes.

If this packet requires submission of forms or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <http://www.floir.com/iportal> and select "Insurance Regulation Filing System (IRFS)" to begin the submission of forms and/or rates.

In order for a submission to be considered a complete application, all required information must be included in the filing, including the completed application checklist.

The completed application packet must be submitted to the Office by selecting iApply – Online Company Admissions at the following link:

**<http://www.floir.com/iportal>**

Any questions Applicants have concerning this application packet or iApply may be directed to Property and Casualty at [pcappcoord@floir.com](mailto:pcappcoord@floir.com).

# **APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

## **INSTRUCTIONS**

### **SECTION I - APPLICATION FEES**

#### **Section I-1          Application Fees**

Applicants must pay a license fee of \$200 U.S. Dollars ("USD"). This fee is due at the time the application packet is filed and is not refundable.

Secure your check to the Invoice on page 16 of this application and mail to:

Department of Financial Services  
Bureau of Financial Services  
Post Office Box 6100  
Tallahassee, Florida 32314-6100

Include copies of the completed Invoice and check with your application filing submitted via iApply. This procedure will expedite the processing of your application and assure a timely recording of the fee payment.

#### **Section I-II          Fingerprint Fees**

Applicants are required to pay a fee for the processing of the fingerprint cards required in Section IV-4. Please see Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions.

# **APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

## **SECTION II - LEGAL**

### **Section II-1            Articles of Incorporation**

Submit a copy of Applicant's Articles of Incorporation, complete with all amendments, certified within the last year by the public official with whom the originals are on file in the state or jurisdiction of domicile.

### **Section II-2            Certificate of Status from State of Domicile**

If Applicant is not a Florida domestic company, submit a certificate of status from the domiciliary jurisdiction dated within the last year. A certificate of status is a document issued by the public official having supervision of the records of corporations in the Applicant's home state or jurisdiction of domicile, usually the Secretary of State or equivalent office, that shows the company is duly organized in the state or jurisdiction of domicile and that all taxes and fees have been paid.

### **Section II-3            Certificate of Status from Florida**

Submit a certificate of status from the Florida Secretary of State dated within the last year.

### **Section II-4            Company Bylaws**

Submit a copy of Applicant's Bylaws. This document should be certified by Applicant's Secretary as a true and correct copy of the current document and dated within the last year. Only the Secretary's signature will be accepted.

### **Section II-5            Service of Process Consent and Agreement**

Submit the executed Service of Process Consent and Agreement Form OIR-C1-144. No signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted.

### **Section II-6            Authorization Letter**

Provide a letter of authorization for any person, other than Applicant's personnel, who is authorized to represent the Applicant before the Office in this matter. This letter should be dated within the last year.

### **Section II-7            Fictitious Name Filing**

If the organization plans to utilize a fictitious name, submit evidence of compliance with Section 865.09, Florida Statutes.

**OIR-C1-490**

**Rev.: 6/20**

**Rule 69O-199.008**



# **APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

## **INSTRUCTIONS SECTION III – FINANCIAL**

### **Section III-1      Financial Statements**

Applicant must submit complete financial statements that contain a balance sheet, income statement, and statement of cash flows. These statements should be certified as true and correct by two officers and may not be more than 12 months old. Applicant should also submit the same for its immediate parent.

### **Section III-2      Financial Requirements**

The applicant must comply with one of the following two options:

- (a) Supply the Office with a copy of an approved executed contractual liability insurance policy containing the provisions set forth in Section 634.3077(3), Florida Statutes. The insurance company issuing the policy must be a Florida admitted property and casualty insurance company whose Certificate of Authority allows it to write this type of policy. Policies issued by Surplus Lines insurers are not acceptable.
- (b) Supply the Office with a sworn statement of the applicant's intentions to establish and maintain a 25% reserve as outlined by Section 634.3077(1), Florida Statutes. If the applicant has home warranties on its books at the time of application, provide a list of the assets funding the reserve.

### **Section III-3      Deposit**

Pursuant to Section 634.305, Florida Statutes, Applicant must, prior to the issuance of a license, provide evidence of either:

- (a) a securities deposit of \$100,000 USD, or
- (b) a securities deposit of \$25,000 USD, as well as a surety bond for \$75,000 USD.

These deposits should be made in accordance with the provisions of Section 625.52, Florida Statutes. For information on how to make the required securities deposit, contact the Bureau of Collateral Management at (850) 413-3167, or:

Department of Financial Services  
Bureau of Collateral Management  
Capitol Building – Room P-3  
Tallahassee, FL 32399-0345

## APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

### Section III-4      Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the specialty insurer and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

- a. **History:** Applicant should prepare a brief history of the company since its incorporation. Indicate any changes of ownership or changes in operations. Indicate any actions taken by governmental agencies that have or had jurisdiction over the company.

In this section list all companies or individuals affiliated with the Applicant. If a company, indicate what its principal business is. In addition, provide a list of all d/b/a's, trade names, or fictitious names, plan or contract names, or any other name the general public may recognize.

Provide any names, trademark, or emblem which is distinctive and not similar to the name or trademark of any other association, corporation, or organization already doing business in this State as will tend to mislead or confuse the public, as required by Section 634.304 (3), Florida Statutes.

- b. **Organizational Chart:** Furnish complete organizational chart for Applicant fully disclosing the relationship between all entities in the organizational structure, including all parent, holding, and subsidiary entities, as well as any and all affiliated entities, and clearly stating all ownership percentages, if applicable.
- c. **Management:** Applicant should provide its home warranty experience in the areas of marketing, claims handling, accounting, and investments.
- d. **Products:** Applicant should give a description of each product it plans to market.
- e. **Marketing and Growth:** Applicant should furnish a plan of marketing including methods, rates, and commissions, projected growth pattern, and other pertinent information affecting marketing plans.
- f. **Forms:** Submit a copy of any proposed contract forms

### Section III-5      Financial Projections

Applicant should submit projected total premiums for the first three years of operation from the time of expected licensure. Submissions should include the underlying assumptions, the projected number of contracts sold, and the average premium under each type of contract. This information should be provided for Florida only, as well as separately for all business.

## **APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

### **Section III-6      States Where Applicant is Currently Doing Business**

In this section, the applicant should provide a list of states in which it or affiliated companies conduct home warranty business.

### **Section III-7      Alphabetical List of Proposed Sales Representatives**

The applicant should provide a list of its proposed sales representatives. It is understood that most applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of sales representatives may be obtained from the Florida Department of Financial Services, Division of Agent & Agency Services, by calling 1-877-MY-FL-CFO (1-877-693-5236), or (850) 413-3089, if calling from out of state.

# **APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

## **SECTION IV – MANAGEMENT**

### **Section IV-1      Management Information Forms**

Submit Management Information Form OIR-C1-2221 fully describing Applicant's management, ownership, and all individuals or entities having direct or indirect control up to and including any 10% or greater interest holders of the ultimate parent. A Management Information Form should be submitted for each entity in the ownership chain.

Forms should contain the First, Middle, and Last name of listed individuals. Please state if a middle name does not exist.

### **Section IV-2      Biographical Affidavits as to Officers, Directors, and Shareholders**

Provide a National Association of Insurance Commissioners ("NAIC") Biographical Affidavit (NAIC Form 11) for each individual listed in Section V-1. Applicant may omit individuals for those companies in the organizational structure between the immediate parent and the ultimate parent. Please note that if an individual has a Biographical Affidavit with an associated background report on file with the Office, and the Biographical Affidavit was signed and notarized within 2 years of the date of the Application being filed, a Biographical Affidavit and associated background report need not be submitted for that individual.

All questions must be answered. All "Yes" answers must be explained.

Each Biographical Affidavit must be signed and notarized.

The affiant's social security number must be submitted to the Office. Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office to insure that the owners, management, officers, and directors of any entity regulated by the Office are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

However, pursuant to Section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution and must be segregated on a separate page. Therefore, please include the affiant's name and social security number on the separate page marked CONFIDENTIAL and provided in this packet and attach that page to the NAIC Biographical Affidavit (NAIC Form 11) that is also included in this packet.

## **APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

### **Section IV-3          Background Investigative Report**

A Background Investigative Report must be provided for each person for whom a Biographical Affidavit is required, as described above. Background reports must be submitted by an approved background investigation vendor directly to the Office. Attach proof of payment confirming that all background reports have been ordered when submitting the application. Please refer to Form OIR-C1-905, Instructions for Furnishing Background Investigative Reports, included in this packet.

### **Section IV-4          Fingerprint Cards**

Fingerprint cards must be provided to the Office for each person for whom a Biographical Affidavit is required. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure, for instructions. If an individual has submitted a fingerprint card dated within 5 years of the date of the Application filing, a fingerprint card need not be submitted for that individual.

# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## CHECKLIST

### SECTION I - APPLICATION FORM & FEES

Applicant Name: \_\_\_\_\_

Federal Identification Number ("FEIN"): \_\_\_\_\_

Home Office Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_

**Please complete and check off all items prior to submission. Applicant should provide an explanation for any items that have not been checked off and submitted.**

- ☐ 1. Application fee paid
  - ☐ a. Copy of invoice included
  - ☐ b. Copy of check
- ☐ 2. All fingerprint fees paid electronically
  - ☐ a. Copies of online payment confirmation

# **APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION**

## **CHECKLIST**

### **SECTION II – LEGAL**

- ☐ **1. Articles of Incorporation**
  - ☐ **a. Certified by public official**
- ☐ **2. Certificate of Status from Domiciliary Jurisdiction (if applicable)**
- ☐ **3. Certificate of Status from Florida**
- ☐ **4. Company Bylaws**
  - ☐ **a. Certified by Secretary**
- ☐ **5. Service of Process Form**
- ☐ **6. Authorization Letter (if applicable)**
- ☐ **7. Fictitious Name Filing (if applicable)**

# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## CHECKLIST

### SECTION III – FINANCIAL

#### 1. Financial Statements

- ☐ a. Balance Sheet
- ☐ b. Income Statement
- ☐ c. Statement of Cash Flows
- ☐ d. Certified by 2 Officers
- ☐ e. Not more than 12 months old
- ☐ f. Provided for Parent (as applicable)

#### 2. Financial Requirements (a **or** b)

- ☐ a. Executed Contractual Liability Policy, **or**
- ☐ b. A sworn statement to establish and maintain an unearned premium reserve
  - ☐ i. List of assets funding the reserve (if applicable)

#### 3. Securities Deposit (a **or** b)

- ☐ a. Securities deposit of \$100,000 USD; **or**
- ☐ b. Securities deposit of \$25,000 USD and Surety Bond for \$75,000 USD

#### 4. Plan of Operations

- ☐ a. History
- ☐ b. Organizational Chart
- ☐ c. Management
- ☐ d. Products
- ☐ e. Marketing and Growth
- ☐ f. Contract Forms

#### ☐ 5. List of states where Applicant and affiliates are currently doing business

#### 6. Financial Projections for 3 years

- ☐ a. Florida
- ☐ b. Nationwide

#### ☐ 7. Alphabetical List of Proposed Sales Representatives

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**Rev.: 6/20**

**Rule 69O-199.008**



# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## CHECKLIST

### SECTION IV – MANAGEMENT

- ☐ 1. Management Information Forms submitted for all required entities
- ☐ 2. Biographical affidavits submitted for all required individuals
  - ☐ a. All information completed (no blanks)
  - ☐ b. "Yes" answers explained
  - ☐ c. Signed
  - ☐ d. Notarized
- ☐ 3. Background investigative reports for all required individuals. The reports must be based on the Biographical Affidavits submitted to the Office with this Application.
  - ☐ a. Proof of order and confirmation of payment submitted to the Office
- ☐ 4. Fingerprint cards for all required individuals
  - ☐ a. All information completed (no blanks)
  - ☐ b. Signed

## APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

### APPLICATION CERTIFICATION

The below certification must be executed by two officers of Applicant, one of whom must be the President or Chief Financial Officer, and the other the Secretary\*.

The undersigned state that they are officers having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with the intention of \_\_\_\_\_ ("Applicant") to seek licensure as a Home Warranty Association; that they have read all of the responses, information, exhibits, and documents submitted with, and in support of, this application; and that the submissions are true, correct, and complete to the best of their knowledge. The undersigned further represent that they have the authority to bind the Applicant, and that by their signatures on the instrument the Applicant has executed the instrument.

The undersigned understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\*Other officers will be accepted only if the applicant does not have these positions.

# APPLICATION FOR LICENSE HOME WARRANTY ASSOCIATION

## INVOICE

NAME OF COMPANY: \_\_\_\_\_

FEIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM COMPANY ADDRESS ABOVE):

\_\_\_\_\_

\_\_\_\_\_

(city)

(state)

(zip code)

1. Make payable to the Department of Financial Services and mail check and invoice only to:

Department of Financial Services  
Bureau of Financial Services  
Post Office Box 6100  
Tallahassee, Florida 32314-6100

2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

### **FOR DEPARTMENT USE ONLY**

RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	AMOUNT	SOURCE
	\$200.00	10	31			
LICENSE NUMBER	Dated			Mailed		
	MO	DAY	YR	MO	DAY	YR



## **Florida Office of Insurance Regulation**

### **INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS**

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package. The background investigative report must be conducted using the same affidavit submitted to the Florida Office of Insurance Regulation ("Office") for each individual as part of the application.
2. For specific information regarding background investigation vendors, please refer to the NAIC website, "Third Party Vendors for Background Reports" at: [http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm)
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will submit investigative reports electronically to the Office to this e-mail address:

[bkgrnd-inv@flor.com](mailto:bkgrnd-inv@flor.com)

Submissions should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail. Reports should be submitted prior to, or contemporaneously with, the submission of each application filing, with the exception of acquisition filings.

6. Applicants must include evidence indicating that background reports have been ordered, including proof of payment, as a component in the online submission via iApply.
7. Questions regarding this process may be directed to [pcappcoord@flor.com](mailto:pcappcoord@flor.com) (Property and Casualty applicants) or to [lhappcoord@flor.com](mailto:lhappcoord@flor.com) (Life and Health applicants).



## **Florida Office of Insurance Regulation**

### **FINGERPRINT PAYMENT AND SUBMISSION PROCEDURE**

Each individual subject to the fingerprinting process must be registered through IdentoGO by Idemia, at <https://fl.ibtfingerprint.com/>. For payment, processing, or appointment issues please contact the IdentoGo Customer Service Center at 1-800-528-1358.

#### **DIGITAL PRINTS** - Florida Residents only:

Access <https://fl.ibtfingerprint.com/>, select "Schedule a New Appointment" and follow the prompts. Please retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

#### **FINGERPRINT CARD** – Non-Florida Residents (and Florida residents who are physically unable to be digitally fingerprinted):

Access <https://fl.ibtfingerprint.com/>, select "Register for Fingerprint Card Processing Service" and follow the prompts. Select "No Cards" on the Shipping Details screen. Retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

Everyone must complete **two** fingerprint cards provided by the Florida Office of Insurance Regulation. Blank fingerprint cards may be requested by emailing [FPRequest@floir.com](mailto:FPRequest@floir.com). Fingerprinting must be performed by a technician within a law enforcement agency or other authorized entity. Most law enforcement agencies and many security companies provide civil applicant fingerprinting services.

**NOTE:** Please print your Payment Confirmation Number from the IdentoGo website on the "REF" line of the fingerprint card. Not including your Payment Confirmation Number will result in a delay of processing your submission.

Mail **ONLY** completed cards with a cover letter to:

Florida Office of Insurance Regulation  
Market Research & Technology Unit  
Fingerprint Card Processing  
Room B-50 Larson Building  
200 East Gaines Street  
Tallahassee, Florida 32399-0326

**Do NOT mail application paperwork with your fingerprint cards. All application materials must be sent directly to the appropriate unit (Property & Casualty Company Admissions or Life & Health Company Admissions) within the Office of Insurance Regulation. Failure to do so will result in a delay to your application.**



## Florida Office of Insurance Regulation

# **CONFIDENTIAL**

Pursuant to section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. I of the State Constitution. The requirement must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record.

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

The requirement for the applicant's social security is mandatory.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to ensure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year. In establishing these qualifications and the Office of Insurance Regulation's responsibility to ensure that individuals meet these qualifications, the legislature recognized that owners, officers, and directors of an insurance company are in a position to cause great harm to the public should they be untrustworthy or have a criminal background. These individuals control vast amount of funds that belong to policyholders. To meet the legislative intent that these people are qualified to be trusted, having the identifying social security number is essential for the Office of Insurance Regulation to adequately perform the background investigative duty. There are many individuals with the same name, without this identifying number it would be difficult if not impossible to be reasonably sure that the correct individuals are identified and verify they meet the statutorily required conditions.

# **CONFIDENTIAL**

## CONTRACTUAL LIABILITY POLICY

### DECLARATION

Policy No:

NAMED INSURED:

ADDRESS:

POLICY PERIOD: From \_\_\_\_\_ Continuous until cancelled

COUNTERSIGNED AT:

BY:

DATE \_\_\_\_\_, 20\_\_\_\_

A. **INSURING AGREEMENT**

\_\_\_\_\_ (herein called the "Company",  
"us" or "we") agrees to pay \_\_\_\_\_ (herein called "you") for all costs incurred in fulfilling your obligations under each service agreement issued during the Policy Term according to terms and conditions of such Service Agreements. In the event such costs are incurred by another party's performance of repair or replacement services as a result of such obligations, payment may be made directly to such other party on your behalf.

In the event you become bankrupt, impaired or insolvent (as defined in Section 631.011, Florida Statutes), dissolved, or if you go out of business, or fail to pay documented claims we will pay Losses and unearned premiums refunds, if any, directly to the person making a claim under the Service Agreement or canceling the Service Agreement.

**This policy insures (for home warranties) all Service Agreements issued by you while this policy is in effect. This policy insures (for service warranties and auto warranties) all Service Agreements issued by you while this policy is in effect, whether or not the premium has been remitted to the insurer.**

**This policy insures 100% of the Association's claim exposure and is obtained from an insurer approved by the Office which holds a certificate of authority to do business within this state.**

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**B. DEFINITIONS**

- (1) Contractual Obligation means your obligation to properly repair or replace covered parts or to pay for the cost of proper repair or replacement of covered parts.
- (2) INSURED means the person or organization named in the Declaration, also referred to as "You".
- (3) SERVICE AGREEMENT means either a motor vehicle service agreement, home warranty or service warranty (as defined in Chapter 634, Florida Statutes).
- (4) SERVICE AGREEMENT HOLDER means the original purchaser of a Service Agreement or someone to whom the Service Agreement has been transferred under the terms of the Service Agreement.
- (5) SERVICE AGREEMENT HOLDER CLAIM means a claim by a Service Agreement Holder or a claim on the behalf of a Service Agreement Holder which forms a Contractual Obligation.
- (6) LOSS means expense actually incurred by you or on your behalf in the performance of a Contractual Obligation.
- (7) REPAIR FACILITY means a person or organization authorized by you or on your behalf to perform service under a Service Agreement.
- (8) INSURED CLAIM means your claim for benefits under this policy based on a Contractual Obligation.
- (9) PREMIUM means the amount paid by the Service Agreement Holder.

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C. **EXCLUSIONS**

The policy does not apply to:

- (1) liability for any consequential damages, including but not limited to, punitive or extra-contractual damages, arising from your actions, or any Repair Facility under a Service Agreement;
- (2) any and all obligations and liabilities arising out of your actions or anyone else's actions under a Service Agreement;
- (3) any and all obligations and liabilities extending to anyone other than the Service Agreement Holder;
- (4) any duty to defend you in any law suit or other judicial or administrative proceeding;
- (5) labor performed by you or on your behalf arising out of work or any portion thereof, or out of material, parts or equipment, as a result of recall by the manufacturer.

D. **CONDITIONS**

- (1) SALE OF SERVICE AGREEMENT: You must report the sale of a Service Agreement within 30 days of its issue date on the forms provided by us and send us or our authorized agent the proper premium. All premiums will be computed in accordance with the rules, rates, rating plans, premiums and minimum premiums which apply to the insurance afforded by this policy.
- (2) PREMIUMS: The premium for each Service Agreement is shown in the rate schedule. These rates shall remain in effect until we change them and until they

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have been approved by the Office of Insurance Regulation. You will be given 30 days written notice prior to any change.

- (3) NOTICE OF INSURED CLAIM: You should provide us full details of a claim prior to starting any work specified with a Contractual Obligation in excess of \$\_\_\_\_.00 by the Service Agreement giving full details of the claim.
- (4) PROOF OF LOSS: Written proof of loss must be given within 30 days after a loss occurs, giving full details on the nature and extent of the loss. Proof of loss shall be given on forms furnished by us unless we fail to furnish such forms within 15 days after we receive a notice of claim.
- (5) INSPECTION AND AUDIT: At any reasonable time, we have the right to inspect your premises, books and records as they pertain to coverage under this policy. This right exists so long as Service Agreements are outstanding. Neither the right to inspect or the conduct of an inspection will serve as a warranty that such property or operations are safe or health free or in compliance with any law.
- (6) CHAPTER 634, FLORIDA STATUTES APPLICABILITY: In the event you are no longer able to fulfill your obligations and we are acting in your stead, we shall be subject to the provisions of Chapter 634, Florida Statutes.
- (7) We shall assume full responsibility for the administration of claims in the event of your inability to do so.

E. **GENERAL PROVISIONS**

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- (1) REPRESENTATIONS: By accepting this policy, you agree that the statements in the Declarations are your representations and warranties and that this policy is issued based on those representations. Should you misrepresent these declarations, the company may cancel this contract in accordance with the Cancellation Endorsement. Service Agreements issued during the term of this policy shall continue to be insured. This policy is the entire contract between you and the company.
- (2) SUBROGATION: If any payment under this policy is made by us, we reserve all rights of recovery against any person or organization in connection with such claim. You will execute and deliver all papers necessary to secure such rights. You may do nothing to prejudice such rights.
- (3) ASSIGNMENT: Assignment of interest or liability under this policy shall not be binding on us unless the policy has been countersigned by our authorized agent and approved by the Office of Insurance Regulation.
- (4) CHANGES IN THE POLICY: No change in the policy will be effective until approved by our authorized representative and the Florida Office of Insurance Regulation. The approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.
- (5) RECOVERIES: All amounts recovered by you for which you received benefits under this policy belong to us and shall be paid to us.
- (6) RENEWAL: This policy is issued as stated in the Declaration and is continuous until cancelled in accordance with the Cancellation Endorsement.

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**IN WITNESS WHEREOF,** the company has caused this policy to be signed by its Secretary and President and countersigned by its duly authorized representative.

(PRESIDENT)

(SECRETARY)

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## **MOTOR VEHICLE SERVICE AGREEMENT ENDORSEMENT**

- (1) CANCELLATION, TERMINATION, OR NONRENEWAL: You may cancel or terminate this policy at any time by notifying us in writing. Coverage will end 90 days after written notice of such cancellation, termination or nonrenewal has been mailed via certified mail by us to the Florida Office of Insurance Regulation. We may cancel, terminate, or not renew this policy by written notice, mailed via certified mail, to you and the Office of Insurance Regulation at least 90 days prior to such cancellation, termination or nonrenewal.
- (2) UNEARNED PREMIUM REFUND: The unearned premium refund shall be subject to the cancellation fee provisions of Section 634.121(3), Florida Statutes. The salesman or agent shall refund to the Contractual Liability Policy issuer, the unearned pro rata commission.
- (3) The Service agreement company must provide the Office with the claims statistics.

## **HOME WARRANTY ENDORSEMENTS**

- (1) CANCELLATION, TERMINATION, OR NONRENEWAL: You may cancel or terminate this policy at any time by notifying us in writing. Coverage will end 60 days after written notice of such cancellation, termination or nonrenewal has been mailed via certified mail by us to the Florida Office of Insurance Regulation. We may cancel, terminate or not renew this policy by written notice, mailed via certified mail, to you and the Office of Insurance Regulation at least 60 days prior to such cancellation, termination or nonrenewal.

## SERVICE WARRANTY ENDORSEMENT

- (1) CANCELLATION, TERMINATION, OR NONRENEWAL: You may cancel or terminate this policy at any time by notifying us in writing. Coverage will end 90 days after written notice of such cancellation, termination or nonrenewal has been mailed via certified mail by us to the Florida Office of Insurance Regulation. We may cancel, terminate, or not renew this policy by written notice, mailed via certified mail, to you and the Florida Office of Insurance Regulation at least 60 days prior to such cancellation, termination or nonrenewal.
- (2) UNEARNED PREMIUM REFUND: In the event the issuer of the contractual liability policy is fulfilling the service warranty covered by policy and in the event the service warranty holder cancels the service warranty, it is the responsibility of the contractual liability issuer to effectuate a full refund of unearned premium to the consumer. The unearned premium refund shall be subject to the cancellation fee provisions of Section 634.414(1), Florida Statutes. The salesman or agent shall refund to the Contractual Liability Policy issuer, the unearned pro rata commission.
- (3) An Association may not utilize both the unearned premium reserve and contractual liability insurance simultaneously. However, an association shall be allowed to have contractual liability coverage on service warranties previously sold and sell new service warranties covered by the unearned premium reserve, and the converse of this shall also be allowed. An association must be able to distinguish how each individual service warranty is covered.





**OFFICE OF INSURANCE REGULATION**  
***Company Admissions***

---

**LIST OF PROPOSED SALES REPRESENTATIVES**

**COMPANY  
NAME:** \_\_\_\_\_

**NAME:**

**ADDRESS:**

**SSN:**

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

**(Print or Type)**

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

2. a. Are you a citizen of the United States?

Yes ☐ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☐

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: \_\_\_\_\_

4. Affiant's business address: \_\_\_\_\_

Business telephone: \_\_\_\_\_ Business Email: \_\_\_\_\_

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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\_\_\_\_\_

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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\_\_\_\_\_

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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\_\_\_\_\_

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
--	---------------------	---	--

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Present or proposed position with the Applicant Company: \_\_\_\_\_

\_\_\_\_\_

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☐

If any claims were made on the bond, give details: \_\_\_\_\_

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☐

If yes, give details: \_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

\_\_\_\_\_

\_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☐

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
- Yes ☐ No ☐
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
- Yes ☐ No ☐
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☐
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☐
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☐
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
- Yes ☐ No ☐
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
- Yes ☐ No ☐
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
- Yes ☐ No ☐
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes ☐ No ☐

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

\_\_\_\_\_  
\_\_\_\_\_

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person,

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

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If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_

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13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An “affiliate” of, or person “affiliated” with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☐

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

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If any of the shares of stock are pledged or hypothecated in any way, give details.

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14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☐

If yes, provide details: \_\_\_\_\_

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15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. \_\_\_\_\_

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☐

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☐

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Yes ☐ No ☐

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

\_\_\_\_\_  
(Signature of Affiant)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

☐ who is personally known to me, or

☐ who produced the following identification: \_\_\_\_\_.

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

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1. Affiant's Full Name (Initials Not Acceptable): First:\_\_\_\_\_ Middle:\_\_\_\_\_ Last:\_\_\_\_\_

IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS  
COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes ☐ No ☐

If yes, give the reason if any, if NONE indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If NONE, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

3. Affiant's Social Security Number: \_\_\_\_\_

4. Government Identification Number if not a U.S. Citizen: \_\_\_\_\_

5. Foreign Student ID# (if applicable) : \_\_\_\_\_



Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

6. Date of Birth: (MM/DD/YY) : \_\_\_\_\_ Place of Birth, City: \_\_\_\_\_  
State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

7. Name of Affiant's Spouse (if applicable) : \_\_\_\_\_

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

\_\_\_\_\_  
(Signature of Affiant)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

☐ who is personally known to me, or

☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

## DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact \_\_\_\_\_ [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, and:

☐ who is personally known to me, or

☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
**(Minnesota and Oklahoma)**

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- ☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- ☐ who is personally known to me, or  
☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
**(California)**

This Disclosure and Authorization is provided to you in connection with a pending application of \_\_\_\_\_ **[company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through \_\_\_\_\_ **[name of CRA, address]** (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ **[company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- ☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- ☐ who is personally known to me, or  
☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.



## **Florida Office of Insurance Regulation**

### **Management Information Form**

Provide a complete listing of the individuals or entities managing, owning, or exercising control over the entity named below, i.e., Incorporators, Officers, Directors, 10% or Greater Shareholders, Partners, Proprietors, Management Company Principals, Association Members, Trustees, Key Individuals, and other like positions (5% if an HMO). Please type or print clearly.

Name of Entity: \_\_\_\_\_

<b>Name</b>	<b>Title (e.g.: President)</b>	<b>Position (e.g.: Officer)</b>	<b>Ownership %</b>
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\*Additional pages in like format may be attached as necessary

**OIR-C1-2221**

**Rev.: 6/20**

**Rule: 690-136.100**



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M E M O R A N D U M

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**DATE:** January 8, 2021

**TO:** David Altmaier, Commissioner, Office of Insurance Regulation

**THROUGH:** Anoush Brangaccio, General Counsel

**FROM:** Michael Lawrence, Jr., Chief Legal Counsel

**SUBJECT:** Cabinet Agenda for February 2, 2021  
Request for Approval to Publish and the Final Approval to Adopt Amendments to  
Rules 690-201.001, .005, .008, .010, .012, .015  
Assignment # 252632-19

The Office of Insurance Regulation ("Office") requests that these proposed rule amendments be presented to the Cabinet aides on or before January 27, 2021, and to the Financial Services Commission on February 2, 2021, with a request for Final Approval to Adopt the proposed rule and for final adoption if no member of the public timely requests a rule hearing or if a hearing is requested and no notice of change is needed.

The notice of development of rulemaking was published on November 5, 2020, in Volume 46, No. 217, of the *Register*. The Office did not receive a request to hold a workshop.

P&C and legal reviewed all the rules in Chapter 201, F.A.C., to determine if any rules should be amended or repealed. Rule 690-201.001 is being repealed because it does not meet the definition of a "rule" under section 120.52(16), F.S. Rule 690-201.005, F.A.C., is amended to update the financial requirements.

Rule 690-201.010, F.A.C., is being repealed and the license continuance requirements are moved into Rule 690-201.008, F.A.C, to combine all application requirements in a single rule. This rule will later be transferred to Chapter 136, F.A.C., as part of the ongoing applications project.

Rule 690-201.012, F.A.C., is amended to update the annual statement requirements. Rule 690-201.015, F.A.C., is repealed due to all the forms being directly incorporated into other rules in the chapter.

Updating forms to comply with notary requirement changes due to Chapter 2019-71, Laws of Florida.

Sections 624.307(1), 624.308(1), 624.404, 624.416, 625.051, 642.019, 642.023, 642.021, 642.0301, and 642.032, F.S., are the rulemaking authority and laws implemented for this rule.

Attached are the proposed rules.

Approved for signature:

  
Anoush Brangaccio, General Counsel

Approved for submission to Financial Services  
Commission:

  
David Altmaier, Commissioner  
Office of Insurance Regulation

**CHAPTER 69O-201**  
**LEGAL EXPENSE INSURANCE CORPORATIONS**

69O-201.001	Purpose and Scope
69O-201.005	Financial Requirements Regarding the Unearned Premium Reserve Liability Account and the Deposit or Bond
69O-201.008	General Eligibility Requirements
69O-201.010	License Continuance
69O-201.012	Annual Statement and Quarterly Reports
69O-201.015	Forms Incorporated by Reference

**69O-201.001 Purpose and Scope.**

~~The purpose of this rule chapter is to implement the provisions of chapter 642, F.S., to govern the issuance of a Certificate of Authority and the regulation and operation of Legal Expense Insurance Corporations as provided therein.~~

*Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 642 FS. History—New 6-25-90, Formerly 4-115.001, 4-201.001, Repealed.*

**69O-201.005 Financial Requirements Regarding the Unearned Premium Reserve Liability Account and the Deposit or Bond.**

(1) “Gross Written Premiums” means the total amount of premiums paid by the consumer, inclusive of commissions for which the corporation is obligated.

(2) “Obligated” means outstanding contracts in force which have not expired or been canceled and a refund made to the consumer.

(3) The unearned premium reserve account is calculated as follows:

(a) For all one year policies, the minimum reserve for all legal expense insurance corporations shall be 50% of the gross written premium for which the corporation is obligated on all policies issued in any state.

(b) A legal expense insurance corporation ~~company~~ may count as one-month policies those policies which are paid by the month and can be cancelled by either party with 30 days notice. The reserve amount required on monthly policies is one-half of the total monthly gross written premium. The legal expense insurance corporation ~~company~~ must specify if the reserve is calculated ~~they are calculating the reserve~~ on a monthly basis.

(c)1. For all multiyear policies issued in any state the reserve shall initially be calculated at 50% of the gross written premium for the first year premium, and 100% for each subsequent year’s premium, for all gross written premiums for which the legal expense insurance corporation is obligated.

2. As each subsequent year becomes current, 50 percent of that current year’s premium is earned and shall be subtracted from the reserve.

3. The reserve is maintained until the expiration of the multiyear policy.

(4) For purposes of determining the amount of the required deposit under section 642.023, F.S., the amount of gross written premium in force is the total gross written premium for one full year.

*Rulemaking Authority 624.308(1) FS. Law Implemented 624.307(1), 625.051, 642.023, 642.032 FS. History—New 6-23-92, Formerly 4-201.005, Amended.*

**69O-201.008 Application for Certificate Authority and Annual Renewal. ~~General Eligibility Requirements.~~**

Substantial rewording of Rule 69O-201.008, F.A.C. follows. See Florida Administrative Code for present text.

**(1) Application for Certificate of Authority as a Legal Expense Insurance Corporation**

(a) An application for a person applying for a certificate of authority as a legal expense insurance corporation consists of the following:

1. Form OIR-C1-480, “Application for Certificate of Authority Legal Expense Insurance,” effective 12/18, available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);

2. Form OIR-A3-478, “Legal Expense Insurance Corporation Surety Bond,” effective 6/20, available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);

3. Form OIR-C1-144, "Service of Process Consent & Agreement," effective 6/04, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);

4. Form OIR-C1-905, "Instructions for Furnishing Background Investigative Reports," effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);

5. Form OIR-C1-938, "Fingerprint Payment and Submission Procedures," effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);

6. Form OIR-C1-995, "List of Proposed Sales Representatives," effective 10/05, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);

7. Form OIR-C1-1423, "Biographical Affidavit," effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX); and

8. Form OIR-C1-2221, "Management Information Form," effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX);

(b) A person applying for a certificate of authority as a legal expense insurance corporation shall submit forms listed in paragraph (1)(a) as directed by the Office electronically at <https://www.floir.com/portal>.

(2) Annual Renewal

(a)1. A legal expense insurance corporation's certificate of authority shall continue in force as long as the legal expense insurance corporation is in compliance with the provisions of chapter 642, F.S.

2. Failure to submit the application for continuance by June 1 shall result in expiration of the certificate of authority and will require the filing of a new application for licensure.

(b) The qualified certificate of authority holder seeking to continue operating as a legal expense insurance corporation shall submit Form OIR-A3-1077, "Application for Renewal of Certificate of Authority Legal Expense Insurance," effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX), at <https://www.floir.com/portal>; and

(c) The legal expense insurance corporation shall honor those contracts in force until the date of expiration or the date of cancellation and a refund is made to the consumer.

(1) Biographical statements and character reports on the following persons shall be included in the application for a certificate of authority (COA):

(a) Persons who own or control in excess of five percent of the outstanding stock of the legal expense insurance corporation;

(b) Members of the board of directors of the legal expense insurance corporation;

(c) All officers who are identified by the Office as policy decision making officers, and any other individuals who have policy decision making authority;

(d) All officers and directors of any parent corporation or corporations of the legal expense insurance corporation, if applicable; and,

(e) All officers and directors of any external management company contracted with the legal expense insurance corporation, if applicable, pursuant to paragraph (c), above.

(2) This requirement also applies to individuals who, subsequent to the date of application for a COA, become associated with a legal expense insurance corporation and meet any of the qualifications listed in paragraphs (a) through (e), above.

(3) Legal expense insurance corporations are required to notify the Office in writing within 15 days of any new officers, directors, or stockholders owning 5% or more of the outstanding voting securities of the legal expense insurance corporation.

(4) Legal expense insurance corporations shall notify the Office in writing within 15 days of any change in the organization of the corporation, including any change in the corporate or business name of the corporation.

*Rulemaking Authority 624.308(1), 642.021(2) FS. Law Implemented 624.307(1), 624.404, 628.4615, 642.019, 642.021, 642.032 FS. History—New 6-23-92, Formerly 4-201.008, Amended \_\_\_\_\_.*

**690-201.010 License Continuance.**

(1)(a) All legal expense insurance corporation licenses shall continue in force as long as the legal expense insurance corporation is in compliance with the provisions of chapter 642, F.S.

(b) The qualified license holder shall file for continuance of its license on form OIR-A3-1077 adopted in rule 690-201.015, F.A.C. Forms are available at <https://www.floir.com/portal>. All filings shall be submitted electronically to <https://www.floir.com/portal>.

(c) The renewal notice and application form and a fee of \$300.00 must be received by the Office prior to June 1 of each year.

(d) Failure to submit by June 1 shall result in expiration of the license, and will require filing a new application for licensure.

(2)(a) Any licensee who fails to continue said license shall immediately cease and desist from engaging in the Legal Expense Insurance business in the State of Florida.

(b) The corporation shall honor those contracts in force until date of expiration or date of cancellation and a refund made to the consumer.

*Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 624.416, 624.424, 642.0301, 642.032 FS.*

*History—New 6-23-92, Formerly 4-201.010, Amended 7-30-17, Repealed.*

#### **690-201.012 Annual Statement and Quarterly Statements Reports.**

(1)(a) An Annual Statement ~~annual statement~~ and a \$100 filing fee shall be filed with the Office of Insurance Regulation, on or before March 1 of each year on Form ~~form~~ OIR-A3-479, “Annual Statement Legal Expense Insurance Corporation,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX), ~~adopted in rule 690-201.015, F.A.C.~~

(b) If the Annual Statement ~~statement~~ does not include all information requested in the format provided, it will not be deemed filed until all deficiencies are corrected.

(2) A late filing fee will be assessed in accordance with rule 690-207.001, F.A.C., for each day after March 1 that a legal expense insurance corporation ~~company~~ has not filed a complete annual statement.

(3)(a) Quarterly Statements ~~reports~~ shall be filed with the Office of Insurance Regulation, on Form ~~form~~ OIR-A3-481, “Quarterly Statement,” effective 6/20, hereby incorporated by reference and available at [www.flrules.org/XXXXX](http://www.flrules.org/XXXXX), ~~as adopted in rule 690-201.015, F.A.C.~~

(b) If the Quarterly Statement ~~quarterly report~~ does not include all information requested in the format provided, it will not be deemed filed until all deficiencies are corrected.

(c) Failure to file the quarterly reports in a timely manner may result in administrative action to suspend or revoke the license.

(4) The Quarterly Statements ~~quarterly reports~~ are due as follows:

Period	Due
First Quarter (March 31)	May 15
Second Quarter (June 30)	August 15
Third Quarter (September 30)	November 15

(5)(a) Any request for an extension of filing the Annual Statement ~~annual report~~ shall be in writing, and the reason(s) for the extension explained in detail.

(b) All requests must be filed with the Office fifteen (15) days prior to the deadline date for filing the Annual Statement ~~annual report~~.

(c) Any extension request received less than fifteen (15) days prior to due date will be denied except for unavoidable circumstances, which include but are not limited to:

1. Death of key personnel; or
2. Destruction of records by fire, hurricane, or other natural disasters.

(6) All filings shall be submitted electronically via the Office’s system at ~~to~~ <https://www.flair.com/iportal>.

*Rulemaking Authority 624.308(1) FS. Law Implemented 624.307(1), 624.416, 624.424, 642.0301, 642.032 FS.*

*History—New 6-23-92, Formerly 4-201.012, Amended 7-30-17, \_\_\_\_\_.*

#### **690-201.015 Forms Incorporated by Reference.**

(1) The following forms are incorporated into this rule chapter by reference to implement the provisions of Chapter 642, F.S.:

Title	Form Number
(Revision Date)	
(a) Application for Legal Expense Insurance Corporation Certificate of Authority	OIR 480 (05/90)
(b) Annual Report	OIR 479 (03/91)
(c) Consent and Agreement in re Service of Process	OIR 144 (11/90)
(d) Legal Expense Insurance Corporation Bond	OIR 478 (01/89)

<del>(e) Authority to Release Information</del>	<del>OIR 450 (08/91)</del>
<del>(f) Biographical Statement and Affidavit</del>	<del>OIR 422 (11/90)</del>
<del>(g) Abbreviated Biographical Statement</del>	<del>OIR 449 (01/91)</del>
<del>(h) Statement of Acquisition</del>	<del>OIR 448 (05/89)</del>
<del>(i) Quarterly Statement</del>	<del>OIR 481 (03/91)</del>
<del>(j) Resolution Form</del>	<del>OIR 514 (11/90)</del>
<del>(k) Renewal Notice and Application</del>	<del>OIR 1077 (04/92)</del>

~~(2) These forms are effective on the dates referenced above. Copies of the forms may be obtained from the Office of Insurance Regulation, Bureau of Specialty Insurers, Larson Building, Tallahassee, FL 32399-0300.~~

*Rulemaking Authority 624.308 FS. Law Implemented 624.307(1), 642.021, 642.023, 642.032 FS. History—New 6-25-90, Amended 6-23-92, Formerly 4-201.015, Repealed.*



**Office of Insurance Regulation**  
***Specialty Product Administration***

Bond No: \_\_\_\_\_

**LEGAL EXPENSE INSURANCE CORPORATION SURETY BOND**

**KNOW ALL MEN BY THESE PRESENTS, THAT** \_\_\_\_\_  
\_\_\_\_\_ AS PRINCIPAL, (Hereinafter referred to as "the Principal")  
and \_\_\_\_\_ AS SURETY, (Hereinafter  
referred to as "the Surety") are held and firmly bound unto the Commissioner of the Office of  
Insurance Regulation of Florida, and his successors in office, the sum of \_\_\_\_\_  
\_\_\_\_\_ ( \$ \_\_\_\_\_ .00) lawful money of the United States, to the  
payment whereof we hereby bind ourselves, jointly and severally, and our successors, assigns, and  
representatives.

This bond will be effective on the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20 \_\_ \_\_, at 12:01 a.m.

**THE CONDITION OF THE ABOVE OBLIGATION IS, THAT, WHEREAS**, by virtue of  
Chapter 642, Florida Statutes, the above bounden, the Principal herein named, is required to make a  
deposit of \$ \_\_\_\_\_ .00 in cash or approved securities with the Commissioner or a  
surety bond in the amount of \$ \_\_\_\_\_ .00 of a surety company authorized to do  
business in the State of Florida, said bond and company to be approved of by said Commissioner to  
assure the faithful performance of the principal's obligations to its members or subscribers assumed in  
the State of Florida while this bond is in effect:

**AND WHEREAS**, the above bounden, the Principal herein named has elected to give such surety  
bond with the Surety above named;

**NOW, THEREFORE**, if the said Principal named herein shall faithfully perform its obligations to  
its members or subscribers, and shall pay each, every and all of its liabilities to its members or  
subscribers in the State of Florida after the said liabilities shall have been adjusted between the  
Principal and its members or subscribers in the mode prescribed by the contract between the Principal  
and its members or subscribers, if a mode be prescribed, or by judgment, order or decree of a Court  
having jurisdiction of the subject, and shall fully and faithfully respond to and settle all said  
obligations to its members or subscribers arising from contracts effectuated while this bond is in  
effect and resting upon it by virtue of its said contracts with its members or subscribers, or imposed  
upon it by the laws of the State of Florida, then and in that event this bond shall be null and void.

**IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED BY AND BETWEEN THE  
PARTIES HERETO, THAT THIS BOND MAY NOT BE CANCELLED OR RELEASED  
UNTIL AFTER 60 DAYS NOTICE IN WRITING TO THE COMMISSIONER PROVIDED  
SUCH CANCELLATION SHALL NOT RELEASE SAID SURETY FROM ANY LIABILITY  
FOR CLAIMS ARISING OUT OF CONTRACTS ISSUED BEFORE CANCELLATION OF  
THE BOND.**

IN WITNESS WHEREOF, the said parties hereunto have caused to be set the hands of their respective proper officers and to be affixed their respective corporate seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_.

Signed and sealed in the presence of:

_____ WITNESS	By: _____ PRESIDENT
_____ WITNESS	_____ SECRETARY

NOTE: Attach to this bond a properly certified copy of the Agent's Power of Attorney

Executed at \_\_\_\_\_, Florida  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ \_\_.  
By: \_\_\_\_\_  
Florida Resident Agent of Surety Company

**Office of Insurance Regulation**  
*Specialty Product Administration*

**FLORIDA COMPANY  
CODE:**

**FEDERAL EMPLOYER  
IDENTIFICATION NUMBER:**

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**ANNUAL  
STATEMENT  
LEGAL EXPENSE  
INSURANCE  
CORPORATION  
OF THE**

---

(Legal Expense Insurance Corporation)

**TO THE  
OFFICE OF INSURANCE REGULATION  
OF THE  
STATE OF FLORIDA**

Specialty Product Administration  
200 East Gaines Street  
Tallahassee, FL 32399 - 0331

**FOR CALENDAR YEAR ENDED**

---

**DUE ON OR BEFORE  
MARCH 1 EACH YEAR**



**GENERAL INFORMATION AND INSTRUCTIONS**

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
3. All terms used in this statement will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this statement, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on:

Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the statement page. This will highlight the fields where you may enter data.
7. The statement form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
8. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.). Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
9. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
10. "Save" or "Submit" buttons are provided on the last page of this statement. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your statement form is uploaded as a "Completed" document to your Component List; this does not submit the statement to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

STATEMENT

Please see the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

Company Name: \_\_\_\_\_

Company FEIN: \_\_\_\_\_

Florida Company Code: \_\_\_\_\_

Period Ending Date: \_\_\_\_\_

State and Date of Incorporation/Organization: \_\_\_\_\_

(State/Prov): \_\_\_\_\_

(Date): \_\_\_\_\_

Date Licensed by the Office of Insurance Regulation: \_\_\_\_\_

(Date): \_\_\_\_\_

Date Commenced Business: \_\_\_\_\_

(Date): \_\_\_\_\_

Address of Home Office:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Address of Main Administrative Office:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Records Location (if different than Main Office):

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Address of Principle Florida Office:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Type of entity (check one)

☐ Corporation - For profit

☐ Sole proprietorship

☐ Corporation - Not for profit

☐ Limited liability company

☐ Partnership

☐ Other: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

OFFICERS / DIRECTORS / MEMBERS  
Show full name (initials not acceptable)

Chief Executive Officer

\_\_\_\_\_

President

\_\_\_\_\_

Vice President

\_\_\_\_\_

Secretary

\_\_\_\_\_

Treasurer / Chief Financial Officer

\_\_\_\_\_

Chairman of the Board

\_\_\_\_\_

Directors / Members

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

\_\_\_\_\_, President, \_\_\_\_\_, Secretary,  
and \_\_\_\_\_, Chief Financial Officer (or corresponding person having charge of the  
financial records of the licensee), of the \_\_\_\_\_ being duly sworn  
each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting  
period stated above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims  
thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein  
contained, annexed or referred to is a full and true statement of all assets and liabilities and of the condition and affairs of the said  
licensee as of the reporting period stated above, and of its income and deductions for the period reported.

The foregoing instrument was acknowledged before me  
by means of ☐ physical presence or ☐ online  
notarization \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

President/Owner

Notary Public: \_\_\_\_\_

\_\_\_\_\_

Secretary

Commission Number: \_\_\_\_\_

\_\_\_\_\_

Treasurer/CFO

Expiration Date: \_\_\_\_\_

\_\_\_\_\_

Print this page

OIR-A3-479 Rev(6/20)  
69O-201.012

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Click Alt+s to jump to the Save/Submit page

BALANCE SHEET  
ASSETS

	Column 1 Total Assets	Column 2 Less Assets Non Admitted	Column 3 Admitted Assets
CURRENT ASSETS:			
1. Cash on Hand and on Deposit (Schedule A, Page 7)			
2. Investments, Short Term (Schedule B, Page 8)			
3. Accounts Receivable, Trade (Schedule C, Page 8)			
4. Other Receivables: (Schedule C, Page 8)			
a. From Affiliates			
b. From Officers, Director, Owners			
c. From Others			
d. Other Receivables			
e. Less: Reserve for Losses	( )	( )	( )
5. Prepaid Expenses			
6. Other (Identify)			
7. Total Current Assets			
NON-CURRENT ASSETS:			
8. Investments and Securities (Schedule B, Page 8)			
9. Accounts and Notes Receivable: (Schedule C, Page 8)			
a. From Affiliates			
b. From Officers, Director, Owners			
c. From Others			
d. Less: Reserve for Losses	( )	( )	( )
10. Deferred Expenses			
11. Intangible Assets (Identify)			
12. Other (Identify)			
13. Total Non-Current Assets			
FIXED ASSETS:			
14. Real Estate Owned (Schedule D, Page 9)			
15. Computers [Section 625.012(11), F.S.]			
16. Less: Accumulated Depreciation	( )	( )	( )
17. Other Depreciable Fixed Assets			
a. Office Furniture & Equipment			
b. Automobiles			
c. Leasehold Improvements			
d. Other (Identify)			
e. Less Accumulated Depreciation	( )	( )	
18. Total Fixed Assets			
19. TOTAL ASSETS:			

BALANCE SHEET  
LIABILITIES AND NET WORTH

CURRENT LIABILITIES:		
1. Accounts Payable		
2. Commissions Payable		
3. Notes Payable: (Schedule E, Page 9)		
a. To Affiliates		
b. To Officers, Directors, Owners		
c. To Others (Identify) _____		
Total Current Notes Payable		
4. Taxes Payable:		
a. Premium Tax		
b. Federal and State Taxes		
c. Other Taxes (Identify) _____		
Total Taxes Payable		
5. Accrued Interest		
6. Accrued Expenses		
7. Unpaid Claims		
8. Unearned Premium Reserve (Schedule G, Page 11)		
9. Other (Identify) _____		
10. Total Current Liabilities		
LONG TERM LIABILITIES:		
11. Mortgages Payable (Schedule D, Column 2, Page 9)		
12. Notes Payable (Schedule E, Page 9)		
a. To Affiliates		
b. To Officers, Directors, Owners		
c. To Others (Identify) _____		
Total Long-Term Notes Payable		
13. Unearned Premium Reserve (Schedule G, Page 11)		
14. Other (Identify) _____		
15. Total Long Term Liabilities		
16. Total Liabilities		
NET WORTH:		
17. Capital Stock:		
a. Common		
b. Preferred		
Total Capital Stock		
18. Paid-In Capital		
19. Retained Earnings		
20. Other (Identify) _____		
21. Less: Treasury Stock		
22. Total Net Worth		
23. TOTAL LIABILITIES AND NET WORTH		
24. Net Worth (Per Line 22 above)		
25. Less: Non-Admitted Assets (From Line 19, Column 2, Page 4)		
26. STATUTORY NET WORTH		

STATEMENT OF OPERATIONS AND RETAINED EARNINGS

INCOME	
1. Earned Premiums (From Exhibit I, Line 5, Page 12)	
2. Interest Earned	
3. Other Income (Identify)	
4. Total Income	
EXPENSES	
5. Salaries	
6. Claims Expense	
7. Commissions	
8. General Expenses (Schedule F, Page 10)	
9. Total Expenses	
10. Net Income Before Federal and State Income Taxes And Extraordinary Items (Line 4 - Line 9)	
11. Extraordinary Item (Explain)	
12. Federal and State Income Taxes	
13. Total Taxes & Extraordinary Items (Line 11 + Line 12)	
NET INCOME AND RETAINED EARNINGS	
14. Net Income (Line 10 - Line 13 above)	
15. Retained Earnings, December 31, Previous Year	
16. Less: Distributions/Dividends Paid Out	( )
17. Other (Identify)	
18. RETAINED EARNINGS DECEMBER 31, CURRENT YEAR (Enter on Line 19, Page 5)	

Company Name:

Year Ending:

**SCHEDULE A**  
**Cash on Hand & On Deposit**  
(See Note Below)

☐ Check if Not Applicable

Name and Location of Funds	Balance
Other (amounts not listed in detail)	
Total (Should Equal Line 1, Page 4):	

**NOTE:** List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name:

Year Ending:

**SCHEDULE B**  
**Investments**  
(See Note Below)

☐ Check if Not Applicable

Description	Face Value or Number of Shares	Market Value	Cost (Book)
Other (amounts not listed in detail)			
Total (Should Equal Line 2 + Line 8, Page 4):			

**SCHEDULE C**  
**Accounts / Notes Receivable**  
(See Note Below)

☐ Check if Not Applicable

Description / Name	Security	Balance
Other (amounts not listed in detail)		
Total (Should Equal Sum of Lines 3 + 4(a-d) + Line 9(a-c), Page 4):		

**NOTE:** List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name:

Year Ending:

**SCHEDULE D**  
**Real Estate Owned / Mortgages Payable**  
(See Note Below)

☐ Check if Not Applicable

Location and Description	Market Value	Cost (Book)	Mortgage Balance
Other (amounts not listed in detail)			
Total (Should Equal Line 14, Page 4 and Line 11, Page 5):			

**SCHEDULE E**  
**Notes Payable**  
(See Note Below)

☐ Check if Not Applicable

Name of Creditor	Collateral	Balance
Other (amounts not listed in detail)		
Total (Should Equal Sum of Lines 3(a-c) + Lines 12(a-c), Page 5):		

**NOTE:** List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".



SCHEDULE F  
General Expenses

Description	Amount
Accounting and Auditing	
Advertising and Marketing	
Attorney and Related Legal Fees	
Auto Expenses	
Bank Charges	
Computer Expenses	
Consulting Fee(s)	
Depreciation & Amortization	
Employee Benefits	
Equipment Rental	
Interest Expense	
Insurance	
Licenses and Related Fees	
Office Supplies and Expenses	
Postage and Mailing Services	
Printing	
Rent and Rental Items	
Repairs & Maintenance	
Taxes: Payroll	
Property	
Other Taxes	
Telephone and Telegraph	
Travel and Entertainment	
Utilities	
Other (List Below)	
Total General Expenses (Must Equal Line 8, Page 6):	

SCHEDULE G  
Unearned Premium Reserve

Policy Length (Number of Years Remaining)		Number of Policies	Total Premiums \$\$\$	Portion To Reserve	Reserves Required \$\$\$
1 year or less				1/2	
2 years	2			1st year - 3/4	
	1			2nd year - 1/4	
3 years	3			1st year - 5/6	
	2			2nd year - 1/2	
	1			3rd year - 1/6	
4 years	4			1st year - 7/8	
	3			2nd year - 5/8	
	2			3rd year - 3/8	
	1			4th year - 1/8	
5 years	5			1st year - 9/10	
	4			2nd year - 7/10	
	3			3rd year - 1/2	
	2			4th year - 3/10	
	1			5th year - 1/10	
Totals *					

\* Reserves Required total must equal the sum of Line 8 + Line 13, Page 5.

INSTRUCTIONS: Policies paid on a monthly basis and prepaid one (1) year policies will use the line "1 year or less", under "Policy Length". For monthly payments, one-half of the payment is required to be placed in reserve. Prepaid multi year policies will be listed on the applicable "Policy Length" line.

EXHIBIT I  
Premium Earned

1. Premiums Written as of	_____
2. Other Related Fees and Charges	_____
3. Unearned Premium as of December 31, Prior Year	_____
4. Cancellations & Refunds	( _____ )
5. Unearned Premium as of	( _____ )
6. Premiums Earned Year to Date (1 + 2 + 3 - 4 - 5 = 6) (Must Agree with Line 1, Page 6)	_____

EXHIBIT II  
Legal Expense Plans in Place - Nationwide, Including FLORIDA

	Number of Plans	Total Premiums
1. Plans in Place as of December 31, Prior Year	_____	_____
2. Plans Sold during the Current Year	_____	_____
3. Plans Expired during the Current Year	( _____ )	( _____ )
4. Plans Cancelled during the Current Year	( _____ )	( _____ )
5. Plans in Place as of December 31, Current Year (1 + 2 - 3 - 4 = 5) (Must Agree with the Totals Line, Schedule G, Page 11)	_____	_____

EXHIBIT III  
Legal Expense Plans in Place - FLORIDA Only

	Number of Plans	Total Premiums
1. Plans in Place as of December 31, Prior Year	_____	_____
2. Plans Sold during the Current Year	_____	_____
3. Plans Expired during the Current Year	( _____ )	( _____ )
4. Plans Cancelled during the Current Year	( _____ )	( _____ )
5. Plans in Place as of December 31, Current Year (1 + 2 - 3 - 4 = 5)	_____	_____

EXHIBIT IV  
Required Deposit for Legal Expense Plans in Place

Is this the FIRST YEAR of OPERATION for the licensee (check if Yes)?	<input type="checkbox"/>
1. Annualized Premiums for All Plans in Place as of December 31, Current Year	_____
2. Deposit / Surety Bond Required by Section 642.023, Florida Statutes	_____
3. Deposit / Surety Bond in Place	_____
4. Additional Deposit / Surety Bond Increase Required (If Line 3 is LESS THAN Line 2, Enter Difference)	_____
5. If Additional Deposit / Surety Bond Increase Required, Provide Date Deficiency Corrected (Attach Evidence of Correction)	_____

Company Name:

Year Ending:

LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this statement period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at <http://www.flair.com/siteDocuments/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Year Ending:

LIST OF COMPANIES

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this statement period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Office of Insurance Regulation

Specialty Product Administration

LEGAL EXPENSE INSURANCE CORPORATION

Licensee:

Address:

City: State: Zip Code:

Florida Company Code:

Federal Employer Identification Number:

Annual Statement Filing Fee

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$100	10	30	F	3001

STAPLE CHECK FOR \$100.00 HERE

Made Payable to the DEPARTMENT OF FINANCIAL SERVICES

Print this page and mail with the check to:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
REVENUE PROCESSING SECTION  
POST OFFICE BOX 6100  
TALLAHASSEE, FL 32314-6100

Print this page

SAVE/SUBMIT PAGE

**Save** - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

**Submit Final** - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final

**Office of Insurance Regulation**  
*Specialty Product Administration*

**FLORIDA COMPANY  
CODE:**

**FEDERAL EMPLOYER  
IDENTIFICATION NUMBER:**

---

---

**QUARTERLY STATEMENT  
OF THE**

---

(Legal Expense Insurance Corporation)

**TO THE  
OFFICE OF INSURANCE REGULATION  
OF THE  
STATE OF FLORIDA**

Specialty Product Administration  
200 East Gaines Street  
Tallahassee, FL 32399 - 0331

**FOR PERIOD ENDED**

---



**GENERAL INFORMATION AND INSTRUCTIONS**

1. Financial statements must be prepared in accordance with generally accepted accounting principles and as prescribed in the Florida Statutes.
2. The Balance Sheet, Statement of Operations and the Statement of Cash flows must be prepared based on year-end amounts.
3. All terms used in this report will have their general meaning except where specific statutory language applies under the applicable provisions of the Florida Insurance Code.
4. This form is submitted electronically. Adobe Reader version 7.0.5 or higher is required. If you do not have that version, please upgrade at <http://www.adobe.com> prior to downloading any forms.
5. When you downloaded this report, you were assigned a session key. This session key has an expiration date that was also assigned prior to downloading this form. **Please make sure you save or submit prior to this expiration date or all work up until the last save will be lost.**

This session will expire on:

Eastern Time

6. To assist you in completing this form click both "Highlight Fields" and "Highlight Required Fields" in the upper right hand corner of the report page. This will highlight the fields where you may enter data.
7. The report form will calculate all totals and pre-populate fields based upon your responses. Data cannot be entered into the total and pre-populated fields.
8. Please enter all numeric fields with numbers only (no commas, dashes, dollar signs, etc.). Unanswered questions and blank lines on schedules will not be accepted. If no answers or entries are to be made, enter "0" on all lines asking for a numeric response and "None" or "N/A" on all lines requesting a non-numeric response. Additionally, certain Schedules and Exhibits provide the option "Check if N/A" if the information requested is not applicable to your company.
9. Line descriptions may not be altered or added. When in doubt where to place an item, show the item in an appropriate "Other" line and include a supplemental schedule describing the items listed in the "Other" category. Any item which is of an extraordinary nature should also be entered on an appropriate "Other" line.
10. "Save" or "Submit" buttons are provided on the last page of this report. Hit the ALT+s keys to go to the last page. By clicking the Save button, all data entered on the form will be saved to our website. **It is strongly recommended that you save your data periodically as you fill in this form.** You will receive a confirmation message once the data is successfully saved.
11. When you either save or submit the form, all data is checked for completeness; you will be notified if errors have occurred. When submitting data, you will be asked to correct these validation errors. Once the form is successfully submitted, the form becomes read-only. **To update information after submission, an amended form must be filed through REFS.**
12. If additional explanations, supporting statements or schedules are added or are necessary, the additions should be properly cross-referenced to the item being answered. This additional information should be in electronic format (i.e. Word, Excel, PDF, etc) or, if in paper format, scanned in as a PDF, and should be attached and uploaded to the filing as a Miscellaneous Document through REFS.
13. When you have completed a form and selected "Submit Final," your report form is uploaded as a "Completed" document to your Component List; this does not submit the report to the Office of Insurance Regulation. Upon completion of all required items, the "Begin Submission Process" button (bottom right of the screen) will activate. You must select and complete the "Begin Submission Process" to successfully submit your entire filing to OIR.
14. Please print, sign, notarize and upload a PDF version of the Jurat/Attestation Page (see next page) under the corresponding component in REFS. If you do not have a component so named, please upload a signed PDF under the Miscellaneous Documents component.

STATEMENT

Please see the Instructions Page OR you may notarize this form electronically by entering the Notary Public, Commission Number and Expiration Date on the form prior to submitting.

Company Name: \_\_\_\_\_

Company FEIN: \_\_\_\_\_

Florida Company Code: \_\_\_\_\_

Period Ending Date: \_\_\_\_\_

State and Date of Incorporation/Organization: \_\_\_\_\_

(State/Prov): \_\_\_\_\_

(Date): \_\_\_\_\_

Date Licensed by the Office of Insurance Regulation: \_\_\_\_\_

(Date): \_\_\_\_\_

Date Commenced Business: \_\_\_\_\_

(Date): \_\_\_\_\_

Address of Home Office:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Address of Main Administrative Office:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Records Location (if different than Main Office):

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Address of Principle Florida Office:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Type of entity (check one)

☐ Corporation - For profit

☐ Sole proprietorship

☐ Corporation - Not for profit

☐ Limited liability company

☐ Partnership

☐ Other: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

OFFICERS / DIRECTORS / MEMBERS  
Show full name (initials not acceptable)

Chief Executive Officer

\_\_\_\_\_

President

\_\_\_\_\_

Vice President

\_\_\_\_\_

Secretary

\_\_\_\_\_

Treasurer / Chief Financial Officer

\_\_\_\_\_

Chairman of the Board

\_\_\_\_\_

Directors / Members

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

\_\_\_\_\_, President, \_\_\_\_\_, Secretary,  
and \_\_\_\_\_, Chief Financial Officer (or corresponding person having charge of the

financial records of the licensee), of the \_\_\_\_\_ being duly sworn  
each for himself or herself deposes and says that they are the above-described officers of the said licensee, and that on the reporting  
period stated above, all of the herein assets were the absolute property of the said licensee, free and clear from any liens or claims  
thereon, except as herein stated, and that this report, together with related exhibits, schedules and explanations therein contained,  
annexed or referred to is a full and true statement of all assets and liabilities and of the condition and affairs of the said licensee as of  
the reporting period stated above, and of its income and deductions for the period reported.

The foregoing instrument was acknowledged before me  
by means of ☐ physical presence or ☐ online notarization,

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_

Commission Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

President/Owner

Secretary

Treasurer/CFO

Print this page

BALANCE SHEET  
ASSETS

	Column 1 Total Assets	Column 2 Less Assets Non Admitted	Column 3 Admitted Assets
CURRENT ASSETS:			
1. Cash on Hand and on Deposit (Schedule A, Page 7)			
2. Investments, Short Term (Schedule B, Page 8)			
3. Accounts Receivable, Trade (Schedule C, Page 8)			
4. Other Receivables: (Schedule C, Page 8)			
a. From Affiliates			
b. From Officers, Director, Owners			
c. From Others			
d. Other Receivables			
e. Less: Reserve for Losses	( )	( )	( )
5. Prepaid Expenses			
6. Other (Identify)			
7. Total Current Assets			
NON-CURRENT ASSETS:			
8. Investments and Securities (Schedule B, Page 8)			
9. Accounts and Notes Receivable: (Schedule C, Page 8)			
a. From Affiliates			
b. From Officers, Director, Owners			
c. From Others			
d. Less: Reserve for Losses	( )	( )	( )
10. Deferred Expenses			
11. Intangible Assets (Identify)			
12. Other (Identify)			
13. Total Non-Current Assets			
FIXED ASSETS:			
14. Real Estate Owned (Schedule D, Page 9)			
15. Computers [Section 625.012(11), F.S.]			
16. Less: Accumulated Depreciation	( )	( )	( )
17. Other Depreciable Fixed Assets			
a. Office Furniture & Equipment			
b. Automobiles			
c. Leasehold Improvements			
d. Other (Identify)			
e. Less Accumulated Depreciation	( )	( )	( )
18. Total Fixed Assets			
19. TOTAL ASSETS:			

Company Name:

Period Ending:

**BALANCE SHEET  
LIABILITIES AND NET WORTH**

<b>CURRENT LIABILITIES:</b>		
1. Accounts Payable		
2. Commissions Payable		
3. Notes Payable: (Schedule E, Page 9)		
a. To Affiliates		
b. To Officers, Directors, Owners		
c. To Others (Identify) _____		
Total Current Notes Payable		
4. Taxes Payable:		
a. Premium Tax		
b. Federal and State Taxes		
c. Other Taxes (Identify) _____		
Total Taxes Payable		
5. Accrued Interest		
6. Accrued Expenses		
7. Unpaid Claims		
8. Unearned Premium Reserve (Schedule G, Page 11)		
9. Other Liabilities (Identify) _____		
<b>10. Total Current Liabilities</b>		
<b>LONG TERM LIABILITIES:</b>		
11. Mortgages Payable (Schedule D, Column 2, Page 9)		
12. Notes Payable (Schedule E, Page 9)		
a. To Affiliates		
b. To Officers, Directors, Owners		
c. To Others (Identify) _____		
Total Long-Term Notes Payable		
13. Unearned Premium Reserve (Schedule G, Page 11)		
14. Other (Identify) _____		
<b>15. Total Long Term Liabilities</b>		
<b>16. Total Liabilities</b>		
<b>NET WORTH:</b>		
17. Capital Stock:		
a. Common		
b. Preferred		
Total Capital Stock		
18. Paid-In Capital		
19. Retained Earnings		
20. Other (Identify) _____		
21. Less: Treasury Stock		
22. Total Net Worth		
<b>23. TOTAL LIABILITIES AND NET WORTH</b>		
24. Net Worth (Per Line 22 above)		
25. Less: Non-Admitted Assets (From Line 19, Column 2, Page 4)		
<b>26. STATUTORY NET WORTH</b>		

STATEMENT OF OPERATIONS AND RETAINED EARNINGS

INCOME	
1. Earned Premiums (From Exhibit I, Line 5, Page 12)	
2. Interest Earned	
3. Other Income (Identify)	
4. Total Income	
EXPENSES	
5. Salaries	
6. Claims Expense	
7. Commissions	
8. General Expenses (Schedule F, Page 10)	
9. Total Expenses	
10. Net Income Before Federal and State Income Taxes And Extraordinary Items (Line 4 - Line 9)	
11. Extraordinary Item (Explain)	
12. Federal and State Income Taxes	
13. Total Taxes & Extraordinary Items (Line 11 + Line 12)	
NET INCOME AND RETAINED EARNINGS	
14. Net Income (Line 10 - Line 13 above)	
15. Retained Earnings, December 31, Previous Year	
16. Less: Distributions/Dividends Paid Out	( )
17. Other (Identify)	
18. RETAINED EARNINGS DECEMBER 31, CURRENT YEAR (Enter on Line 19, Page 5)	

Company Name:

Period Ending:

**SCHEDULE A**  
**Cash on Hand & On Deposit**  
(See Note Below)

☐ Check if Not Applicable

Name and Location of Funds	Balance
Other (amounts not listed in detail)	
Total (Should Equal Line 1, Page 4):	

**NOTE:** List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

SCHEDULE B  
Investments  
(See Note Below)

☐ Check if Not Applicable

Description	Face Value or Number of Shares	Market Value	Cost (Book)
Other (amounts not listed in detail)			
Total (Should Equal Line 2 + Line 8, Page 4):			

SCHEDULE C  
Accounts / Notes Receivable  
(See Note Below)

☐ Check if Not Applicable

Description / Name	Security	Balance
Other (amounts not listed in detail)		
Total (Should Equal Sum of Lines 3 + 4(a-d) + Line 9(a-c), Page 4):		

**NOTE:** List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".

Company Name:

Period Ending:

**SCHEDULE D**  
**Real Estate Owned / Mortgages Payable**  
(See Note Below)

☐ Check if Not Applicable

Location and Description	Market Value	Cost (Book)	Mortgage Balance
Other (amounts not listed in detail)			
Total (Should Equal Line 14, Page 4 and Line 11, Page 5):			

**SCHEDULE E**  
**Notes Payable**  
(See Note Below)

☐ Check if Not Applicable

Name of Creditor	Collateral	Balance
Other (amounts not listed in detail)		
Total (Should Equal Sum of Lines 3(a-c) + Lines 12(a-c), Page 5):		

**NOTE:** List individual amounts if they exceed the lesser of 10% of the line item amount or \$5000. Combine all amounts not listed in detail on the line marked "Other".



Period Ending:

Description	Amount
Accounting and Auditing	
Advertising and Marketing	
Attorney and Related Legal Fees	
Auto Expenses	
Bank Charges	
Computer Expenses	
Consulting Fee(s)	
Depreciation & Amortization	
Employee Benefits	
Equipment Rental	
Interest Expense	
Insurance	
Licenses and Related Fees	
Office Supplies and Expenses	
Postage and Mailing Services	
Printing	
Rent and Rental Items	
Repairs & Maintenance	
Taxes: Payroll	
Property	
Other Taxes	
Telephone and Telegraph	
Travel and Entertainment	
Utilities	
Other (List Below)	
Total General Expenses (Must Equal Line 8, Page 6):	

SCHEDULE G  
Unearned Premium Reserve

Policy Length (Number of Years Remaining)		Number of Policies	Total Premiums \$\$\$	Portion To Reserve	Reserves Required \$\$\$
1 year or less				1/2	
2 years	2			1st year - 3/4	
	1			2nd year - 1/4	
3 years	3			1st year - 5/6	
	2			2nd year - 1/2	
	1			3rd year - 1/6	
4 years	4			1st year - 7/8	
	3			2nd year - 5/8	
	2			3rd year - 3/8	
	1			4th year - 1/8	
5 years	5			1st year - 9/10	
	4			2nd year - 7/10	
	3			3rd year - 1/2	
	2			4th year - 3/10	
	1			5th year - 1/10	
Totals *					

\* Reserves Required total must equal the sum of Line 8 + Line 13, Page 5.

INSTRUCTIONS: Policies paid on a monthly basis and prepaid one (1) year policies will use the line "1 year or less", under "Policy Length". For monthly payments, one-half of the payment is required to be placed in reserve. Prepaid multi year policies will be listed on the applicable "Policy Length" line.

EXHIBIT I  
Premium Earned

1. Premiums Written as of	_____
2. Other Related Fees and Charges	_____
3. Unearned Premium as of December 31, Prior Year	_____
4. Cancellations & Refunds	( _____ )
5. Unearned Premium as of	( _____ )
6. Premiums Earned Year to Date (1 + 2 + 3 - 4 - 5 = 6) (Must Agree with Line 1, Page 6)	_____

EXHIBIT II  
Legal Expense Plans in Place - Nationwide, Including FLORIDA

	Number of Plans	Total Premiums
1. Plans in Place as of December 31, Prior Year	_____	_____
2. Plans Sold as of	_____	_____
3. Plans Expired during the Current Year	( _____ )	( _____ )
4. Plans Cancelled during the Current Year	( _____ )	( _____ )
5. Plans in Place as of (1 + 2 - 3 - 4 = 5) (Must Agree with the Totals Line, Schedule G, Page 11)	_____	_____

EXHIBIT III  
Legal Expense Plans in Place - FLORIDA Only

	Number of Plans	Total Premiums
1. Plans in Place as of December 31, Prior Year	_____	_____
2. Plans Sold as of	_____	_____
3. Plans Expired during the Current Year	( _____ )	( _____ )
4. Plans Cancelled during the Current Year	( _____ )	( _____ )
5. Plans in Place as of (1 + 2 - 3 - 4 = 5)	_____	_____

EXHIBIT IV  
Required Deposit for Legal Expense Plans in Place

Is this the FIRST YEAR of OPERATION for the licensee (check if Yes)?	<input type="checkbox"/>
1. Annualized Premiums for All Plans in Place as of	_____
2. Deposit / Surety Bond Required by Section 642.023, Florida Statutes	_____
3. Deposit / Surety Bond in Place	_____
4. Additional Deposit / Surety Bond Increase Required (If Line 3 is LESS THAN Line 2, Enter Difference)	_____
5. If Additional Deposit / Surety Bond Increase Required, Provide Date Deficiency Corrected (Attach Evidence of Correction)	_____

Company Name:

Period Ending:

LIST OF OFFICERS/DIRECTORS AND KEY PERSONNEL

Complete the following for all officers, directors, partners, members, and facility executive director/administrators. Include shareholders and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such person and/or shareholder has been appointed, elected, nominated, designated or has been added to this list during this report period, place a check in the "New" column provided. If required biographical information has not been previously submitted on those checked, please refer to the instructions provided at <http://www.floir.com/siteDocuments/OfficeDirector.pdf>.

Name	Position/Title	Residence Address	City	State/ Prov.	Zip/Postal Code	Date of Birth	%	New
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

Company Name:

Period Ending:

LIST OF COMPANIES

Complete the following for all companies and affiliates holding at least 10% interest in the operations of the provider. State the percentage owned. If such company has been added to this list during this report period, place a check in the "New" column provided.

Name	Business Address	City	State/ Prov.	Zip/Postal Code	FEIN	%	New
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Company Name:

Period Ending:

**Office of Insurance Regulation**  
*Specialty Product Administration*

**LEGAL EXPENSE INSURANCE CORPORATION**

Licensee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Florida Company Code: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

**Quarterly Report Filing Fee**

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$25	10	34	F	3001

**STAPLE CHECK FOR \$25.00 HERE**

Made Payable to the DEPARTMENT OF FINANCIAL SERVICES

Print this page and mail with the check to:

FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
REVENUE PROCESSING SECTION  
POST OFFICE BOX 6100  
TALLAHASSEE, FL 32314-6100

Print this page

SAVE/SUBMIT PAGE

**Save** - Use this button to save your data to our server. **It is strongly recommended that you save your data periodically as you fill in this form.** You can still save your data even if you have validation errors appear below.

**Submit Final** - Use this button if you have entered all the required information and want to submit this data to our server. If you have validation errors, they must be corrected before being able to submit the form data. **Once you successfully submit the form data, you can no longer make changes.**

The session key will expire on:

Eastern Time

Save

Submit Final



Department of Financial Services  
*Office of Insurance Regulation – Specialty Product Administration*

Licensee: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State Zip \_\_\_\_\_

APPLICATION for RENEWAL of  
CERTIFICATE OF AUTHORITY

LEGAL EXPENSE INSURANCE

For the period: 06/01/20 \_\_ \_\_ to 05/31/20 \_\_ \_\_

Federal Employer ID Number: \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

FL Company Code: **7 5** \_\_ \_\_ \_\_

Due by May 31

**IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS LEGAL EXPENSE INSURANCE CERTIFICATE OF AUTHORITY AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.**

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS:**

1. If you wish to renew, complete and sign this application and forward it along with your remittance in the amount of \$300.00 made payable to: **Florida Department of Financial Services**.
2. Application must be signed by:
  - a. The owner or authorized representative, if a sole-proprietorship.
  - b. The president and secretary, if a corporation.
  - c. The managing or senior partner(s) or managing director(s), if a partnership or association.  
(If necessary, attach additional sheets.)
3. The renewal application and remittance must be received on or before May 31 by:

Florida Department of Financial Services  
Revenue Processing Section  
Post Office Box 6100  
Tallahassee, Florida 32314-6100

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$300.00	10	34	G	3091



# SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

☐ Original Designation    ☐ Insurer Name Change    ☐ Merger / Acquisition    ☐ Update Delivery Information

Insurer or Company Name: \_\_\_\_\_

Previous Name (If applicable): \_\_\_\_\_

Home Office Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FEI # \_\_\_\_\_

FL Company Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. **In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.**

**Designated Person  
to receive process:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_  
President or CEO's Signature

\_\_\_\_\_  
President or CEO's Name (Typed or Printed)

SEAL

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Secretary's Name (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.



**Office of Insurance Regulation**  
**Company Admissions**

---

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
LEGAL EXPENSE INSURANCE**

This package is designed to assist individuals in preparing the application with all the information required by statute and to facilitate expeditious processing of the application by this Office.

PLEASE NOTE: THE COMPLETED CHECK LIST MUST BE SUBMITTED WITH THE APPLICATION PACKAGE.

The completed application package must be submitted to the Office by utilizing the following link:

<http://www.floir.com/iportal>

and select iApply – Online Company Admissions

If this package requires submission of forms and/or rates, upon receipt of an email notification of acceptance of the application, the Applicant is directed to return to the Industry Portal <http://www.floir.com/iportal> and select “Form & Rate Filing Assembly and Submission” to begin the submission of forms and/or rates.

If this package requires original documents, in lieu of providing original paper documents, the Applicant is directed to submit a PDF of the original document(s) unless otherwise required by Florida Statutes.

Any questions concerning this application package or iApply may be directed to [pcappcoord@floir.com](mailto:pcappcoord@floir.com).

**In order for a submission to be considered a complete application, all required information must be included in the filing. Filings that do not include all required information will be disapproved or returned.**

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
LEGAL EXPENSE INSURANCE CORPORATION**

**INSTRUCTIONS  
SECTION I - APPLICATION FEES AND FORM**

**Section I-1** Application Fee

Applicants must pay an application filing fee of \$250.00. This fee is due and payable at the time of filing the application for licensure.

**Section I-2** License Fee

Applicants must pay a license fee of \$300.00. This fee is due and payable at the time of filing the application for licensure.

Secure the check to the invoice, which is included in this package, and send to:

Florida Department of Financial Services  
Revenue Processing Section  
P.O. Box 6100  
Tallahassee, Florida 32314-6100

Submit a copy of the invoice and a copy of the check with your application filing. This procedure will expedite the processing of your application and assure a timely recording of the fees.

**Section I-3** Fingerprint Fee

Applicants are required to prepay electronically for the processing of the fingerprint cards required in section IV-4. Florida residents have the option of having their fingerprints digitally scanned rather than providing paper fingerprint cards. Please see Form OIR- C1-938, Fingerprint Payment and Submission Procedure for instructions.

**Section I-4** Application for License to Conduct Business in the State of Florida (Legal expense insurance corporation) (Official Form)

Complete this form and have it signed by the President and Secretary of the company. An original signature and corporate seal are required on the application form submitted to the Office.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
LEGAL EXPENSE INSURANCE CORPORATION**

**INSTRUCTIONS  
SECTION II - LEGAL**

**Section II-1** Articles of Incorporation

Include in this section, the applicant's Articles of Incorporation and all amendments. They must be certified by the State of Florida. The certification letter must be an original, certified by the Florida Secretary of State.

**Section II-2** Certificate of Status from Florida Secretary of State

A certificate of status is a document issued by the Florida Secretary of State. This document shows that the company is duly organized in the state and that all taxes and fees have been paid.

This certificate must be obtained from the Secretary of State's office and filed with the application. It must show good standing, be sealed by the state, and be an original.

**Section II-3** Company Bylaws

Include two sets of the company's bylaws in this section. The bylaws must be sealed by the company and signed and dated by the Secretary of the company. NO signatures other than the Secretary's signature will be accepted.

**Section II-4** Consent and Agreement in re Service of Process

The Consent and Agreement in re Service of Process form (attached). NO signatures other than those of the President or Chief Executive Officer and the Secretary will be accepted, and the signatures must be under corporate seal.

**Section II-5** Fictitious Name Filing

If the organization plans to utilize a fictitious name, include in this section a certified copy of a certificate from the Clerk of the Circuit Court in the county where domiciled, attesting to compliance with Section 865.09, Florida Statutes (the Fictitious Name Statute).

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
LEGAL EXPENSE INSURANCE CORPORATION**

**INSTRUCTIONS  
SECTION III - FINANCIAL**

**Section III-1** Financial Statements

The applicant must submit complete financial statements, certified if available, for the three (3) most recent years. The most recent statement should not be more than one year old and indicate a net worth of at least \$10,000 or 10% of liabilities, whichever is greater. Such financial statements shall include a balance sheet, income statement, retained earnings statement and statement of cash flows. These statements should be certified as true and correct by two officers.

If the legal expense insurance corporation is a subsidiary, or an affiliate of a holding company, consolidated statements of the parent must also be filed. All financial statements must be attested to by at least two (2) executive officers.

**Section III-2** Financial Requirements

The applicant must agree to establish and maintain an unearned premium reserve as outlined by Section 625.051, Florida Statutes.

**Section III-3** Deposit

To assure the faithful performance of its obligations to its contract holders in the event of insolvency, each legal expense insurance corporation shall, before the issuance of its license, deposit and maintain securities of the type eligible for deposit as follows:

- a) Legal expense insurance corporations shall deposit \$50,000 in securities in accordance with Section 625.52, Florida Statutes, for at least the first full year of operation.

OR

- b) The applicant may file with the Office, subject to the approval of the Office, a surety bond issued by an authorized surety insurer in the same amount (form attached).

For information on how to make the required securities deposit, contact the Bureau of Collateral Management at:

Department of Financial Services  
Bureau of Collateral Management  
Capitol Building – Room P-3  
Tallahassee, FL 32399-0345  
(850)413-3167

#### **Section III-4** Plan of Operations

It is important for the Office to have a clear understanding of the proposed operations of the specialty insurer and the goals it seeks to achieve. To fulfill this requirement, the plan of operations must consist of the following information:

- A. The geographical area in which business is intended to be conducted in the first five (5) years.
- B. The types of insurance intended to be written in the first five (5) years, including specification as to whether and to what extent indemnity rather than service benefits are to be provided.

In addition, the applicant must submit the following:

- C. A statement that the applicant will bear the expense of credit reports and other outside investigative checks deemed necessary by the Office.
- D. A statement of the amount and sources of funds available for organization expenses and the proposed arrangements for reimbursement and compensation of shareholders or other persons.
- E. A statement of compensation to be provided directors and officers.
- F. A statement that the applicant is knowledgeable with the provisions of Chapter 642, Florida Statutes, and is otherwise in compliance with the law. Such statement must be signed by two executive officers.
- G. A copy of each agreement relating to the corporation to which any shareholder or proposed director or officer is a party.

#### **Section III-5** States Where Applicant is Currently Doing Business

In this section, the applicant should provide a list of states in which it or affiliated companies conduct legal expense insurance business.

#### **Section III-6** Alphabetical List of Proposed Sales Representatives

The applicant should complete the attached form relating to proposed sales representatives. It is understood that most applicants do not have a complete sales force in place; however, this information should be provided to the best of your ability.

Information on the licensing of sales representatives may be obtained from the Bureau of Licensing by calling (850) 413-3137.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
LEGAL EXPENSE INSURANCE CORPORATION**

**INSTRUCTIONS  
SECTION IV - MANAGEMENT**

ANY NAMES REQUESTED IN THIS SECTION SHOULD INCLUDE COMPLETE FIRST, MIDDLE AND LAST NAMES.

**Section IV-1** List of All Officers, Directors and Shareholders

- A. List on the enclosed form, Complete List of Officers, Directors, and Shareholders (10% or more), the names of each officer, director, and person having direct or indirect control of the organization, including officers and directors up through the ultimate parent corporation or holding company. Use a separate form for each company.

Include on this form the names of each shareholder owning ten percent (10%) or more of any class of any outstanding stock of the organization, including shareholders owning ten percent (10%) or more up through the ultimate parent corporation, together with the percentage, number of shares, and class of shares held by each shareholder. If any 10% or greater owner is an entity other than a natural person, please list the owners, officers, directors, and managing members of this entity on the referenced forms. Use a separate form for each company.

- B. If the applicant is a subsidiary of a parent or holding company, provide an organization chart showing the relationship of all related corporations.
- C. Full names, including middle names, must be listed. Please state if a middle name does not exist.

**Section IV-2** Biographical Affidavits as to all Officers, Directors and Shareholders

Provide a Biographical Affidavit (Form OIR-C1-1423) for each officer, director, and shareholder listed in Section IV-1 except for those companies in the organizational structure between the immediate parent and the ultimate parent. All questions must be answered. If, however, the biographical affidavits are currently on file and are not more than two years old, no submission is necessary.

The requirement for the affiant's social security number as part of the Biographical Affidavit is mandatory. However, pursuant to section 119.071(5), Florida Statutes, social

security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. 1 of the State Constitution and must be segregated on a separate page. Therefore, instead of including the SSN on page 6 of the Biographical Affidavit, please include the affiant's name and social security number on a separate page and attach it to the Biographical Affidavit. Also, please mark CONFIDENTIAL at the top and bottom of the separate page.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to insure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year.

#### **Section IV-3** Background Investigative Reports

An Background Investigative Report must be provided for each person listed in Section IV-1 above except for those companies in the organizational structure between the immediate parent and the ultimate parent. Background reports must be submitted by the selected background investigator vendor directly to the Office prior to or contemporaneously with the submission of the application filing. Attach confirmation that the reports have been ordered when submitting the application. Please refer to Form OIR- C1-905, Instructions for Furnishing Background Investigative Reports.

#### **Section IV-4** Fingerprint Cards

Fingerprint cards must be completed for each person listed in Section IV-1. **No fingerprint cards, other than those furnished by the Office, will be accepted.** The cards will be furnished by the Office upon request. These cards must be completed at a law enforcement or similar type agency and returned to this Office for processing. Please refer to Form OIR-C1-938, Fingerprint Payment and Submission Procedure for instructions.



**APPLICATION FOR CERTIFICATE OF AUTHORITY  
LEGAL EXPENSE INSURANCE CORPORATION**

**INSTRUCTIONS  
SECTION V - FORMS AND RATES**

**NOTE: THE COMPANY IS CAUTIONED NOT TO WRITE BUSINESS USING UNAPPROVED FORMS OR RATES.**

**Section V-1 Forms**

Submit three copies of all forms to be used for any proposed contract between the corporation and participating attorneys, between the corporation and corporations which perform administrative, marketing or management services and forms relating to the provision of services to insureds.

**Each contractual obligation for legal expense insurance shall be evidenced by a policy. Each person insured under a group policy shall be issued a certificate of coverage.**

Submit three copies of all forms of legal service contracts the applicant proposed to offer. Such contracts must meet the requirements of Sections 642.025 and 642.027, Florida Statutes.

**Section V-2 Rates**

Submit three copies of all rates to be charged, rating schedules or rating manuals. Please note that all legal service agreements must be sold at the approved rates.

**NOTE:** All the above items must be filed with the Florida Bar within five days after filing with the Office pursuant to Section 642.021 (3), Florida Statutes.

**Section V-3 Commission Structure**

Submit a complete breakdown of your proposed commission structure. The breakdown should include but not limited to: sales representatives, agents, insurers and licensed administrators.

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
LEGAL EXPENSE INSURANCE CORPORATION**

**CHECK LIST  
SECTION I - APPLICATION FEES AND FORM**

**Company Name:** \_\_\_\_\_

<u>Item #</u>		<u>Completion Check List</u>
1	Specialty insurer application fee paid .....	<input type="checkbox"/>
	(a) Copy of invoice included (Official Form).....	<input type="checkbox"/>
	(b) Copy of check .....	<input type="checkbox"/>
	(c) Original mailed to Bureau of Financial and Support Services .....	<input type="checkbox"/>
2.	Specialty insurer license fee paid.....	<input type="checkbox"/>
	(a) Copy of invoice included (Official Form).....	<input type="checkbox"/>
	(b) Copy of check .....	<input type="checkbox"/>
	(c) Original mailed to Bureau of Financial and Support Services .....	<input type="checkbox"/>
3.	Fingerprint fees paid electronically.....	<input type="checkbox"/>
	(a) Copy of on-line payment confirmation .....	<input type="checkbox"/>
4.	Company completed application for license (Official Form) .....	<input type="checkbox"/>
	(a) All blanks completed .....	(b) <input type="checkbox"/>
	Sealed by company .....	(c) <input type="checkbox"/>
	Signed by President (original signature).....	<input type="checkbox"/>

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
LEGAL EXPENSE INSURANCE CORPORATION**

**CHECK LIST  
SECTION II - LEGAL**

Company Name: \_\_\_\_\_

<u>Item #</u>		<u>Completion Check List</u>
1.	Articles of Incorporation .....	<input type="checkbox"/>
	(a) Original certification by Florida Secretary of State .....	<input type="checkbox"/>
	(b) Articles with all amendments attached .....	(c) <input type="checkbox"/>
	Original .....	<input type="checkbox"/>
2.	Certificate of Status from Florida.....	<input type="checkbox"/>
	(a) Good standing indicated.....	<input type="checkbox"/>
	(b) Sealed by State .....	<input type="checkbox"/>
	(c) Signed by Secretary of State.....	(d) <input type="checkbox"/>
	Original .....	<input type="checkbox"/>
3.	Company Bylaws .....	<input type="checkbox"/>
	(a) Signed and dated by corporate secretary .....	<input type="checkbox"/>
	(b) Sealed by the company (corporate seal).....	<input type="checkbox"/>
4.	Consent and Agreement in re Service of Process (Official Form).....	<input type="checkbox"/>
	(a) Signed and dated by:	
	1. President of Chief Executive Officer.....	<input type="checkbox"/>
	2. Secretary .....	<input type="checkbox"/>

- (b) Sealed by company (corporate seal)..... ☐
- (c) Original with all blanks completed ..... ☐
- 5. Fictitious Name Certificate (if applicable) ..... ☐
- (a) Original ..... ☐

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
LEGAL EXPENSE INSURANCE CORPORATION**

**CHECK LIST  
SECTION III - FINANCIAL**

Company Name \_\_\_\_\_

<u><b>Item #</b></u>	<u><b>Completion Check List</b></u>
1. Financial statements .....	<input type="checkbox"/>
(a) Balance sheet .....	<input type="checkbox"/>
(b) Income statement .....	<input type="checkbox"/>
(c) Statement of cash flows .....	<input type="checkbox"/>
(d) Verified under oath by at least two of the principal officers .....	<input type="checkbox"/>
(e) Net worth shown is at least \$10,000 or 10% of liabilities, whichever is greater .....	<input type="checkbox"/>
(f) Not over 12 months old .....	<input type="checkbox"/>
(g) If indication of a parent corporation in Section IV, financial statement for parent .....	<input type="checkbox"/>
2. Financial requirement statement .....	<input type="checkbox"/>
(a) Statement – Maintenance of Unearned Premium Reserve pursuant to Section 625.051 .....	<input type="checkbox"/>
3. Deposit:	
(a) \$50,000 in securities authorized under Section 625.52, Florida Statutes .....	<input type="checkbox"/>
OR,	
(b) Surety bond issued by an authorized surety insurer in the amount of \$50,000 .....	<input type="checkbox"/>

4. Plan of Operations ..... ☐
- (a) Geographical area ..... ☐
- (b) Types of insurance ..... ☐
- (c) Applicant will bear expenses ..... ☐
- (d) Amount and Sources of Funds ..... ☐
- (e) Compensation to officers & directors ..... ☐
- (f) Applicant knowledgeable with 642 ..... ☐
- (g) Agreement to which principals party (if any) ..... ☐
5. List of states in which the applicant is active..... ☐
6. List of sales representatives (Official Form)..... ☐

**APPLICATION FOR CERTIFICATE OF AUTHORITY  
LEGAL EXPENSE INSURANCE CORPORATION**

**CHECK LIST  
SECTION IV – MANAGEMENT**

Company Name \_\_\_\_\_

<b><u>Item #</u></b>	<b><u>Completion Checklist</u></b>
1. Listing of officers, directors, controlling individuals, and Shareholders .....	<input type="checkbox"/>
(a) Separate listing of all officers, directors, controlling individuals, and shareholders including percentage held and number and class of shares for the company and its parents and/or holding companies (Official Form) .....	<input type="checkbox"/>
(b) If parent company indicated, organization chart.....	<input type="checkbox"/>
(c) Full names and titles listed (including full middle name or indication if one does not exist) .....	<input type="checkbox"/>
2. Biographical Affidavits for each individual listed in Section IV-I (Official Form) .....	<input type="checkbox"/>
For each form:	
(a) All blanks completed .....	<input type="checkbox"/>
(b) Contains original signature .....	<input type="checkbox"/>
(c) Notarized (original) .....	<input type="checkbox"/>
(d) Full name given (including full middle name or indication if One does not exist) .....	<input type="checkbox"/>
(e) Submitted original of each affidavit .....	<input type="checkbox"/>
(f) Provide Social Security Number on separate page .....	<input type="checkbox"/>

3. Background Investigative Report for each individual listed in  
Section IV-1 ..... ☐
4. Fingerprint cards enclosed for each person listed in Section IV-I..... ☐
- For each card:
- (a) Card obtained from the Office of Insurance Regulation ..... ☐
- (b) Card contains original signature ..... ☐
- (c) No erasures on or alteration of card ..... ☐
- (d) All blanks completed ..... ☐



**APPLICATION FOR CERTIFICATE OF AUTHORITY  
LEGAL EXPENSE INSURANCE CORPORATION**

**CHECK LIST  
SECTION V - FORMS AND RATES**

Company Name \_\_\_\_\_

<b><u>Item #</u></b>	<b><u>Completion Check List</u></b>
1. Forms and sales brochures .....	<input type="checkbox"/>
(a) 3 copies of agreements:.....	<input type="checkbox"/>
(1) Participating attorney .....	<input type="checkbox"/>
(2) Administrative or marketing .....	<input type="checkbox"/>
(3) Policy .....	<input type="checkbox"/>
(4) Certificate of coverage, if group policy .....	<input type="checkbox"/>
(b) Forms and agreements filed with the Florida Bar .....	<input type="checkbox"/>
2. Rates to be charged .....	<input type="checkbox"/>
(a) 3 copies .....	<input type="checkbox"/>
3. Proposed commission structure .....	<input type="checkbox"/>

## CHECKLIST VERIFICATION

The undersigned says that he/she is a senior officer having personal knowledge of the application submitted to the Florida Office of Insurance Regulation in connection with licensure sought by \_\_\_\_\_ that he/she has read said  
(Entity Name)

application, that he/she knows the contents thereof and verifies that the items indicated in the application checklist have been submitted with the application, that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the applicant on behalf which the person acted, executed the instrument.

I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes.

Dated \_\_\_\_\_ (Give full and exact name of Applicant)

\_\_\_\_\_  
Signature of President, Secretary, or Treasurer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Title

**APPLICATION FOR LICENSE TO CONDUCT BUSINESS  
IN THE STATE OF FLORIDA  
LEGAL EXPENSE INSURANCE CORPORATION**

\_\_\_\_\_, 20\_\_

TO THE FLORIDA OFFICE OF INSURANCE  
REGULATION, TALLAHASSEE, FLORIDA

SIR: The \_\_\_\_\_  
(Give name of company or association in full)

Federal Identification Number \_\_\_\_\_

Of \_\_\_\_\_  
(Home Office Address) (City) (State) (Zip)

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

through its duly authorized officers, hereby applies for certificate of authority authorizing and empowering the company aforesaid to transact legal expense insurance business in the State of Florida, under the laws thereof and do hereby affirm that all of the responses, information, exhibits, and documentary evidence submitted in support of this application are true and correct.

By \_\_\_\_\_  
President or Chief Executive Officer

(Corporate Seal)

Attest \_\_\_\_\_  
Secretary

Name of Attorney or Principal filing this application:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## INVOICE

### LEGAL EXPENSE INSURANCE CORPORATION PAYMENT OF APPLICATION FEES

NAME OF APPLICANT: \_\_\_\_\_

FEIN#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM Applicant's ADDRESS)

\_\_\_\_\_

(CITY)

(STATE)

(ZIP CODE)

PHONE NUMBER: \_\_\_\_\_

It is necessary for you to return this form with the proper payment.

#### PLEASE NOTE:

1. Send a check in the proper amount made payable to the Florida Department of Financial Services and mail check and invoice only to the Florida Department of Financial Services, Revenue Processing Section, P.O. Box 6100, Tallahassee, Florida 32314-6100.
2. Include a copy of the check and invoice with the application filing submitted electronically via iApply.

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RECEIPT NUMBER	AMOUNT	TYPE	CLASS	FUND	ACCT	SOURCE
	L.F.\$300	10	34	3	01	1
	F.F.\$250	10	35	3	00	1

OIR-C1-480  
REV 12/18



## **Florida Office of Insurance Regulation**

### **INSTRUCTIONS FOR FURNISHING BACKGROUND INVESTIGATIVE REPORTS**

1. A background investigative report must be completed for each individual as indicated in the instructions in the application package. The background investigative report must be conducted using the same affidavit submitted to the Florida Office of Insurance Regulation ("Office") for each individual as part of the application.
2. For specific information regarding background investigation vendors, please refer to the NAIC website, "Third Party Vendors for Background Reports" at: [http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm)
3. The applicant is responsible for paying for the reports and for handling billing arrangements with the selected vendor.
4. Applicants are required to ensure that the selected vendor will submit investigative reports electronically to the Office to this e-mail address:

[bkgrnd-inv@flor.com](mailto:bkgrnd-inv@flor.com)

Submissions should be in Microsoft Word format, with appropriate reference to the applicant in the subject of each transmittal e-mail. Reports should be submitted prior to, or contemporaneously with, the submission of each application filing, with the exception of acquisition filings.

6. Applicants must include evidence indicating that background reports have been ordered, including proof of payment, as a component in the online submission via iApply.
7. Questions regarding this process may be directed to [pcappcoord@flor.com](mailto:pcappcoord@flor.com) (Property and Casualty applicants) or to [lhappcoord@flor.com](mailto:lhappcoord@flor.com) (Life and Health applicants).



## **Florida Office of Insurance Regulation**

### **FINGERPRINT PAYMENT AND SUBMISSION PROCEDURE**

Each individual subject to the fingerprinting process must be registered through IdentoGO by Idemia, at <https://fl.ibtfingerprint.com/>. For payment, processing, or appointment issues please contact the IdentoGo Customer Service Center at 1-800-528-1358.

#### **DIGITAL PRINTS** - Florida Residents only:

Access <https://fl.ibtfingerprint.com/>, select "Schedule a New Appointment" and follow the prompts. Please retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

#### **FINGERPRINT CARD** – Non-Florida Residents (and Florida residents who are physically unable to be digitally fingerprinted):

Access <https://fl.ibtfingerprint.com/>, select "Register for Fingerprint Card Processing Service" and follow the prompts. Select "No Cards" on the Shipping Details screen. Retain a copy of the payment confirmation as it will be a required component in the electronic application submitted via iApply.

Everyone must complete **two** fingerprint cards provided by the Florida Office of Insurance Regulation. Blank fingerprint cards may be requested by emailing [FPRequest@floir.com](mailto:FPRequest@floir.com). Fingerprinting must be performed by a technician within a law enforcement agency or other authorized entity. Most law enforcement agencies and many security companies provide civil applicant fingerprinting services.

**NOTE:** Please print your Payment Confirmation Number from the IdentoGo website on the "REF" line of the fingerprint card. Not including your Payment Confirmation Number will result in a delay of processing your submission.

Mail **ONLY** completed cards with a cover letter to:

Florida Office of Insurance Regulation  
Market Research & Technology Unit  
Fingerprint Card Processing  
Room B-50 Larson Building  
200 East Gaines Street  
Tallahassee, Florida 32399-0326

**Do NOT mail application paperwork with your fingerprint cards. All application materials must be sent directly to the appropriate unit (Property & Casualty Company Admissions or Life & Health Company Admissions) within the Office of Insurance Regulation. Failure to do so will result in a delay to your application.**



## **Florida Office of Insurance Regulation**

# **CONFIDENTIAL**

Pursuant to section 119.071(5), Florida Statutes, social security numbers collected by an agency are confidential and exempt from section 119.07(1), Florida Statutes, and section 24(a), Art. I of the State Constitution. The requirement must be relevant to the purpose for which collected and must be clearly documented. The social security numbers must be segregated on a separate page from the rest of the record.

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

The requirement for the applicant's social security is mandatory.

Section 119.071(5), Florida Statutes, gives authority for an agency to collect social security numbers if imperative for the performance of that agency's duties and responsibilities as prescribed by law. Limited collection of social security numbers is imperative for the Office of Insurance Regulation. The duties of the Office of Insurance Regulation in background investigation are extensive in order to ensure that the owners, management, officers, and directors of any insurer are competent and trustworthy, possess financial standing and business experience, and have not been found guilty of, or not pleaded guilty or nolo contendere to, any felony or crime punishable by imprisonment of one year. In establishing these qualifications and the Office of Insurance Regulation's responsibility to ensure that individuals meet these qualifications, the legislature recognized that owners, officers, and directors of an insurance company are in a position to cause great harm to the public should they be untrustworthy or have a criminal background. These individuals control vast amount of funds that belong to policyholders. To meet the legislative intent that these people are qualified to be trusted, having the identifying social security number is essential for the Office of Insurance Regulation to adequately perform the background investigative duty. There are many individuals with the same name, without this identifying number it would be difficult if not impossible to be reasonably sure that the correct individuals are identified and verify they meet the statutorily required conditions.

# **CONFIDENTIAL**



**OFFICE OF INSURANCE REGULATION**  
***Company Admissions***

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**LIST OF PROPOSED SALES REPRESENTATIVES**

**COMPANY  
NAME:** \_\_\_\_\_

**NAME:**

**ADDRESS:**

**SSN:**



Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

**(Print or Type)**

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

2. a. Are you a citizen of the United States?

Yes ☐ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☐

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: \_\_\_\_\_

4. Affiant's business address: \_\_\_\_\_

Business telephone: \_\_\_\_\_

Business Email: \_\_\_\_\_

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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\_\_\_\_\_

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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\_\_\_\_\_

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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\_\_\_\_\_

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
--	---------------------	---	--

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Present or proposed position with the Applicant Company: \_\_\_\_\_

\_\_\_\_\_

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☐

If any claims were made on the bond, give details: \_\_\_\_\_

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☐

If yes, give details: \_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

\_\_\_\_\_

\_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☐

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☐

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☐

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☐

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☐

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☐

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☐

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☐ No ☐

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes ☐ No ☐

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☐

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

\_\_\_\_\_  
\_\_\_\_\_

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person,

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

\_\_\_\_\_

\_\_\_\_\_

If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_

\_\_\_\_\_

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☐

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

\_\_\_\_\_

\_\_\_\_\_

If any of the shares of stock are pledged or hypothecated in any way, give details.

\_\_\_\_\_

\_\_\_\_\_

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☐

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. \_\_\_\_\_

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☐

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☐

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Yes ☐ No ☐

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

\_\_\_\_\_  
(Signature of Affiant)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

☐ who is personally known to me, or

☐ who produced the following identification: \_\_\_\_\_.

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

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1. Affiant's Full Name (Initials Not Acceptable): First:\_\_\_\_\_ Middle:\_\_\_\_\_ Last:\_\_\_\_\_

IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes ☐ No ☐

If yes, give the reason if any, if NONE indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If NONE, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

3. Affiant's Social Security Number: \_\_\_\_\_

4. Government Identification Number if not a U.S. Citizen: \_\_\_\_\_

5. Foreign Student ID# (if applicable) : \_\_\_\_\_

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

6. Date of Birth: (MM/DD/YY) : \_\_\_\_\_ Place of Birth, City: \_\_\_\_\_  
State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

7. Name of Affiant's Spouse (if applicable) : \_\_\_\_\_

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

\_\_\_\_\_  
(Signature of Affiant)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

☐ who is personally known to me, or

☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires



Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

## DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact \_\_\_\_\_ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, and:

☐ who is personally known to me, or

☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
**(Minnesota and Oklahoma)**

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \_\_\_\_\_ [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

☐ who is personally known to me, or

☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
**(California)**

This Disclosure and Authorization is provided to you in connection with a pending application of \_\_\_\_\_ **[company name]** (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through \_\_\_\_\_ **[name of CRA, address]** (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to \_\_\_\_\_ **[company’s designated person, position, or department, address and phone]**.

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- ☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

\_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- ☐ who is personally known to me, or  
☐ who produced the following identification: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.



## **Florida Office of Insurance Regulation**

### **Management Information Form**

Provide a complete listing of the individuals or entities managing, owning, or exercising control over the entity named below, i.e., Incorporators, Officers, Directors, 10% or Greater Shareholders, Partners, Proprietors, Management Company Principals, Association Members, Trustees, Key Individuals, and other like positions (5% if an HMO). Please type or print clearly.

Name of Entity: \_\_\_\_\_

<b>Name</b>	<b>Title (e.g.: President)</b>	<b>Position (e.g.: Officer)</b>	<b>Ownership %</b>
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\*Additional pages in like format may be attached as necessary

**OIR-C1-2221**

**Rev.: 6/20**

**Rule: 690-201.008**

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**M E M O R A N D U M**

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**DATE:** January 8, 2021

**TO:** David Altmaier, Commissioner, Office of Insurance Regulation

**THROUGH:** Anoush Brangaccio, General Counsel

**FROM:** Michael Lawrence, Jr., Chief Legal Counsel

**SUBJECT:** Cabinet Agenda for February 2, 2021  
Request for Final Approval to Adopt Amendments to  
Rule 690-142.015  
Assignment # 235333-18

The Office of Insurance Regulation ("Office") requests that these proposed rule amendments be presented to the Cabinet aides on or before January 27, 2021, and to the Financial Services Commission on February 2, 2021, with a request for Final Approval to Adopt the proposed rule.

The notice of development of rulemaking was published on July 17, 2020, in Volume 46, No. 139, of the *Register*. The Office did not receive a request to hold a workshop. The notice of proposed rule was published on September 28, 2020, in Volume 46, No. 189, of the *Register*. A hearing was held on November 12, 2020. A notice of change was published on December 24, 2020, in Volume 46, No. 219, of the *Register*.

The rule is amended to change the manner in which insurers report certain information to the Office of Insurance Regulation as a consequence of a hurricane or other natural disaster, as well as create separate subsections covering contracts of insurance entered into by property and casualty insurers and health and life insurers.

Sections 624.307(1), 624.308, 624.319, 624.424, and 627.7019, F.S., are the rulemaking authority and laws implemented for this rule.

Attached is the proposed rule.

Approved for signature:

  
Anoush Brangaccio, General Counsel

Approved for submission to Financial Services  
Commission:

  
David Altmaier, Commissioner  
Office of Insurance Regulation



69O-142.015 Standardized Requirements Applicable to Insurers After Hurricanes or Natural Disasters.

This rule adopts standardized requirements that may be applied to insurers as a consequence of a hurricane or other natural disaster. The Office is authorized to issue an Order or Orders deemed necessary to protect the health, safety and welfare, activating the requirements herein, in whole or in part. An Order may be amended as deemed necessary to accommodate the particular circumstances of the specified hurricane or natural disaster. The following standardized provisions may be activated as provided herein:

(1) Claims Reporting Requirements.

(a) This subsection applies to all property and casualty contracts of insurance subject to regulation under the Florida Insurance Code including:

1. All policies referenced in chapters 440, 624, 626, and 627, F.S.; and

2. Premium finance company contracts associated with property and casualty contracts.

References in this subsection herein to “policy” or “contract of insurance” includes all property and casualty contracts regulated under the Florida Insurance Code. References to “insurer” include all regulated entities issuing these contracts.

(b)(a) All insurers entities having direct premiums written in Florida and authorized, approved or otherwise eligible to provide the coverages indicated below in subparagraphs (1)(b)(a)1. and 2., shall report the requested information to the Office required by Form OIR-DO-1681, “Catastrophic Event Data Reporting and Analysis”, providing loss and associated exposure data within this state. The reporting shall be submitted with such frequency and for such areas as set forth in the Order activating this subsection and may be revised to reflect the phases of reporting necessary as set forth in form OIR-DO-1681. The applicable coverages are:

1. through 2. No change.

(b) The following form is hereby adopted and incorporated by reference:

(c)1. Insurers shall electronically submit the data required for each reporting event. Required data may include: OIR-DO-1681 (revised 05/2007) “Catastrophic Event Data Reporting and Analysis” and is available from the Office’s website: <http://www.flor.com/iportal>.

a. Policies in force;

b. Claims reported;

c. Open claims with payment;

d. Open claims without payment;

e. Claims closed with payment;

f. Claims closed without payment;

g. Number of open claims;

h. Percent of claims closed;

i. Paid loss excluding loss adjustment expense;

j. Paid allocated loss adjustment expense;

k. Case incurred loss excluding loss adjustment expense; and,

l. Case allocated loss adjustment expense.

2. All information shall be submitted electronically through <https://www.flor.com/iportal>.

(2) Grace Periods and Temporary Postponement of Cancellations or Non-renewals. Other property coverages where loss is not specifically excluded in the policy’s outline of coverage such as:

(a) This subsection applies to all property and casualty contracts of insurance subject to regulation under the Florida Insurance Code including: Subsection (2) of this rule, applies to all contracts of insurance and other contracts that are subject to regulation under the Florida Insurance Code including:

1. All policies referenced in chapters 440, 624, 626 and 627, F.S.; and

2. All policies or contracts issued pursuant to chapters 636, 641 and 651, F.S.;

3. Contracts issued by Multiple Employer Welfare Arrangements and Commercial Self Insurance Trusts; and,

4. Premium finance company Finance Company contracts.;

References in this subsection herein to “policy” or “contract of insurance” includes all property and casualty contracts regulated under the Florida Insurance Code. References to “insurer” include all regulated entities issuing these contracts.

References herein to “policy” or “contract of insurance” includes all agreements regulated under the Insurance Code.

(b) Reinsurance contracts are not subject to this rule, however, ceding insurers shall, within ten (10) days, notify the Office, of the cancellation or nonrenewal of any reinsurance contract reinsuring property risks located in the state State. All filings shall be submitted electronically to <https://www.flor.com/iportal>.

(c) Any free look period in a variable life policy or variable annuity contract is not extended by this rule.

~~(d)~~ As to any policy provision, notice, correspondence, or law ~~that which~~ imposes a time limit upon an insured to perform any act, ~~including transmitting or transmit~~ information or funds with respect to a contract of insurance, which act was to have been performed on or after the date specified in the Order of the Office, the time limit shall be extended to a date specified in the Order.

1. This extension of time shall not relieve a policyholder who has a claim resulting from the designated hurricane or natural disaster from compliance with their obligations to provide information and cooperate in the claim adjustment process relative to their property damage claim.

2. This extension of time shall also not apply to new policies effective on or after the date specified in the Order.

No interest, penalties, or other charges, shall accrue or be assessed, as the result of the extensions required herein. Interest that is owed pursuant to premium financing plans with premium finance companies or insurers or their affiliates may be assessed.

~~(d)(e)~~ During the dates specified in the Order, no insurer or other entity regulated under the Florida Insurance Code ~~insurance code~~ shall cancel or non-renew, ~~a policy or contract of insurance~~ or issue a notice of cancellation or nonrenewal ~~of a policy or contract of insurance covering a , covering a person,~~ property or risk in the referenced areas as specified in the Order, except at the written request or written concurrence of the policyholder ~~policy holder~~.

~~(e)(f)~~ All notices of cancellation issued or mailed within ten (10) calendar days preceding the date specified in the Order ~~and~~ , affecting the referenced ~~specified~~ areas, shall be withdrawn and reissued to insureds on or after the date specified in the Order.

~~(f)(g)~~ A cancellation or nonrenewal may occur prior to the expiration date specified in the Order, at the written request or written concurrence of the policyholder.

~~(g)(h)~~ Except as provided in paragraphs ~~(2)(d) and (e) (2)(e) and (f)~~, with respect to a notice of cancellation or nonrenewal ~~that which~~, but for this rule, would have taken effect during the dates specified in the Order, such notice is not made invalid by this rule; however;

1. The insurer shall extend the coverage to and including the date specified in the Order, or a later date specified by the insurer; and

2. The premium for the extended term of coverage shall be the appropriate pro rata portion of the premium for the entire term of the policy.

~~(h)(i)~~ An insurer or other regulated entity that was unable to cancel or non-renew a policy due to the operation of this rule, may upon proper notice, cancel or non-renew such policy, effective on the date the policy would have otherwise been cancelled or non-renewed, in the event the insured has not filed a claim under the policy and not paid outstanding premium due.

~~(i)(j)~~ No policy shall be cancelled or non-renewed solely because of a claim resulting from a hurricane or natural disaster.

~~(j)(k)~~ An insurer's offer of replacement coverage, ~~that which~~ is voluntarily accepted by an insured or applicant in an affiliated company, or made pursuant to a depopulation program, assumption or other arrangement approved by the Office does not constitute a nonrenewal or cancellation for purposes of this rule.

~~(k)(l)~~ Any insurer who receives a claim from an insured owing premium may offset the premium due to the insurer or a premium finance company from any claim payment made under the policy.

~~(l)(m)~~ Nothing in this rule shall be construed to exempt or excuse an insured from liability for premiums otherwise due for actual coverage provided.

~~(m)(n)~~ This rule shall not apply to new policies effective on or after the initial activation date specified in the Order.

~~(n)(o)~~ If the contract of insurance was financed by a premium finance company for risks located in the referenced ~~specified~~ areas, the following provisions apply:

1. through 2. No change.

3. Upon receipt of a request for cancellation from a premium finance company after the grace period specified in an Emergency Order expires, the insurer will process the cancellation in accordance with paragraph ~~(2)(h) (i)~~.

4. through 5. No change.

~~(o)(p)~~ Subsection (2) of this rule, shall not apply to policies for the following kinds of insurance issued by authorized insurers ~~that which~~ cover a business that is domiciled or maintains its primary place of business outside of ~~the State of~~ Florida: Surety insurance as defined in section 624.606, F.S.; Fidelity insurance as defined in section 624.6065, F.S.; Marine insurance, wet marine and transportation insurance and inland marine insurance as defined in section 624.607, F.S.; Title insurance as defined in Section 624.607, F.S.; Collateral Protection insurance as defined in section 624.6085, F.S.; Workers' Compensation insurance as defined in section 624.605, F.S.; Casualty

insurance as defined in section 624.605, F.S., but limited to coverage of commercial risks other than residential or personal property; and property insurance as defined in section 624.604, F.S., but limited to coverage of commercial risks other than residential or personal property. Additionally, this rule shall not apply to life insurance policies or annuity contracts that are owned by a person other than the insured or the annuitant or where the premium payer under such policy is a person other than the insured or annuitant and such owner or premium payer does not reside in the referenced areas.

~~(p)(4)~~ Any insurer that becomes impaired or insolvent due to a hurricane or natural disaster or the operation of subsequent rules and orders has a duty to report the resulting financial condition to the Office as soon as possible. Notwithstanding any other provisions contained herein, an insurer may file a petition pursuant to section 120.542, F.S. if compliance with this rule may be reasonably expected to result in such insurer being subject to financial regulatory action levels by the Office.

~~(q)(4)~~ The provisions of this rule shall be liberally construed to effectuate the intent and purposes expressed therein and to afford maximum consumer protection.

(3) Grace Periods and Temporary Postponement of Cancellations or Non-renewals.

(a) This subsection applies to all life and health contracts of insurance subject to regulation under the Florida Insurance Code including:

1. All policies referenced in chapters 624, 626, 627, 636, 641, and 651, F.S.;
2. Contracts issued by Multiple Employer Welfare Arrangements and Commercial Self-Insurance Trusts; and
3. Premium finance company contracts associated with life and health contracts.

References in this subsection to "policy" or "contract of insurance" includes all life or health agreements regulated under the Florida Insurance Code. References to "insurer" include all regulated entities issuing these agreements.

(b) Any free look period in a variable life policy or variable annuity contract is not extended by this rule.

(c) As to any policy provision, notice, correspondence, or law which imposes a time limit upon an insured to perform any act or transmit information or funds with respect to a contract of insurance, which act was to have been performed on or after the date specified in the Order of the Office, the time limit shall be extended to the date specified in the Order, except that:

1. This extension of time shall not relieve an insured who has a claim during this period from compliance with any obligation to provide information and cooperate in the claim adjustment process relative to their claim.
2. This extension of time shall not apply to new policies effective on or after the date specified in the Order.

No interest, penalties, or other charges shall accrue or be assessed as the result of the extensions required herein. However, interest that is owed pursuant to premium financing plans with premium finance companies or insurers or their affiliates may be assessed.

(d) During the dates specified in the Order, no insurer or other entity regulated under the Florida Insurance Code shall cancel or non-renew a policy or contract of insurance or issue a notice of cancellation or nonrenewal on a contract of insurance covering a person in the referenced areas as specified in the Order, except at the written request or written concurrence of the policyholder.

(e) All notices of cancellation issued or mailed within ten (10) calendar days preceding the date specified in the Order, affecting a person in the specified areas, shall be withdrawn and reissued to insureds on or after the date specified in the Order.

(f) A cancellation or nonrenewal may occur prior to the expiration date specified in the Order, at the written request or written concurrence of the policyholder. The application for and issuance of a replacement major medical health insurance policy which is subject to regulation by the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, may be regarded by the insurer as a written request for cancellation of the current major medical insurance policy by the applicant/policyholder, provided the date of cancellation is not effectuated prior to the date of the effectuation of the replacement policy's coverage.

(g) Except as provided in paragraphs (3)(e) and (f), with respect to a notice of cancellation or nonrenewal which, but for this rule, would have taken effect during the dates specified in the Order, such notice is not made invalid by this rule; however:

1. The insurer shall extend the coverage to and including the date specified in the Order, or a later date specified by the insurer; and
2. The premium for the extended term of coverage shall be the appropriate pro rata portion of the premium for the entire term of the policy.

(h) Retroactive cancellation due to non-payment of premium:

1. For health policies or contracts, an insurer or other regulated entity that was unable to cancel or non-renew a policy due to the operation of this rule, may upon proper notice, cancel or non-renew such policy, effective on the

date the policy would have otherwise been cancelled or non-renewed, in the event the insured has not paid outstanding premium due. For all other policies under this subsection, an insurer or other regulated entity that was unable to cancel or non-renew a policy due to the operation of this rule, may upon proper notice, cancel or non-renew such policy, effective on the date the policy would have otherwise been cancelled or non-renewed, in the event the insured has not paid the outstanding premium due.

2. Insurers or Health Maintenance Organizations subject to the notice provisions of sections 627.6645(5) and 641.3108(2), F.S., respectively, may issue notices of cancellation that comport with those sections that specify no cancellation shall take place prior to the date specified in the Order.

(i) No policy shall be cancelled or non-renewed solely because of a claim resulting from a hurricane or natural disaster.

(j) An insurer's offer of replacement coverage, which is voluntarily accepted by an insured or made pursuant to other arrangement approved by the Office does not constitute a nonrenewal or cancellation for purposes of this rule.

(k) Any insurer who receives a claim from an insured owing premium may offset the premium due to the insurer or a premium finance company from any claim payment made under the policy.

(l) Nothing in this rule shall be construed to exempt or excuse an insured from liability for premiums otherwise due for actual coverage provided.

(m) This rule shall not apply to new policies effective on or after the initial activation date specified in the Order.

(n) If the contract of insurance was financed by a premium finance company for persons located in the specified areas, the following provisions apply:

1. Premium finance companies may issue advisory 10-day notices of intent to cancel and cancellation notices in accordance with the terms of the premium finance agreement signed by the insured. In addition, each such advisory notice shall prominently contain the following statement:

"If you have been displaced through the loss of your home or damage to your home which has caused you to reside elsewhere on a temporary basis, or if you have temporarily become unemployed due to the destruction caused by Hurricane [name of hurricane or natural disaster], please contact this office at once.

Victims of Hurricane [name of hurricane or natural disaster] will receive an automatic extension of time to and including [date specified in the Order], to bring their accounts up to date and no late charges will be applied to any late payments received which were due on their accounts during the period of the dates specified in the Order.

Therefore, if you are a victim of Hurricane [name of hurricane or natural disaster], please contact us at once at the number provided at the bottom of this notice so that we may advise you of the status of your account.

If you decide that you no longer need or desire to keep the coverage provided by the insurance policy financed by your contract with us, please contact us at once so that we may instruct you on how to effect cancellation with your insurer."

2. If a premium finance loan is in default at the end of the grace period, a premium finance company shall give proper notice by:

a. Issuing a 10 day notice of intent to cancel to the insured by the means provided under section 627.848(1)(a)1., F.S., and applicable regulations; and,

b. If the insured does not bring their loan current within the time provided in the notice of intent, a premium finance company may mail the insurer a request for cancellation as provided in section 627.848(1)(a)2., F.S.

3. Upon receipt of a request for cancellation from a premium finance company after the grace period specified in an Emergency Order expires, the insurer will process the cancellation in accordance with paragraph (3)(h).

4. Any insurer who is unable to cancel because it has received a claim under a policy for which it receives a notice of cancellation from a premium finance company will offset the balance owed the premium finance company, as disclosed in the notice of cancellation, from the first claim payments made under the policy.

5. No late charges shall be assessed for any insured who qualifies for protection under this rule.

(o) This rule shall not apply to life insurance policies or annuity contracts that are owned by a person other than the insured or the annuitant or where the premium payer under such policy is a person other than the insured or annuitant and such owner or premium payer does not reside in the referenced areas.

(p) Any insurer that becomes impaired or insolvent due to a hurricane or natural disaster or the operation of subsequent rules and orders has a duty to report the resulting financial condition to the Office as soon as possible. Notwithstanding any other provisions contained herein, an insurer may file a petition pursuant to section 120.542, F.S. if compliance with this rule may be reasonably expected to result in such insurer being subject to financial regulatory action levels by the Office.

(q) The provisions of this rule shall be liberally construed to effectuate the intent and purposes expressed therein and to afford maximum consumer protection.

This subsection does not apply to major medical health insurance policies subject to regulation by the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, and regulations adopted pursuant to those acts, to the extent this requirement would result in a violation of federal law.

*Rulemaking Authority 624.308, 627.7019 FS. Law Implemented 624.307(1), 624.319, 624.424, 627.7019 FS.  
History—New 6-12-07, Amended 7-30-17,\_\_\_\_\_.*

## Notice of Change/Withdrawal

### DEPARTMENT OF FINANCIAL SERVICES

#### OIR – Insurance Regulation

RULE NO.: RULE TITLE:

69O-142.015 Standardized Requirements Applicable to Insurers After Hurricanes or Natural Disasters

#### NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 46 No. 189, September 28, 2020 issue of the Florida Administrative Register.

The changes are in response to comments received from the public and the Joint Administrative Procedures Committee.

#### 69O-142.015 Standardized Requirements Applicable to Insurers After Hurricanes or Natural Disasters

This rule adopts standardized requirements that may be applied to insurers as a consequence of a hurricane or other natural disaster. The Office is authorized to issue an Order or Orders deemed necessary to protect the health, safety and welfare, activating the requirements herein, in whole or in part. An Order may be amended as deemed necessary to accommodate the particular circumstances of the specified hurricane or natural disaster. The following standardized provisions may be activated as provided herein:

##### (1) Claims Reporting Requirements.

(a) This subsection applies to all property and casualty contracts of insurance subject to regulation under the Florida Insurance Code including:

1. All policies referenced in chapters 440, 624, 626, and 627, F.S.; and

2. Premium finance company contracts associated with property and casualty contracts.

References in this subsection herein to “policy” or “contract of insurance” includes all property and casualty contracts regulated under the Florida Insurance Code. References to “insurer” include all regulated entities issuing these contracts.

(b)(a) All insurers entities having direct premiums written in Florida and authorized, approved or otherwise eligible to provide the coverages indicated below in subparagraphs (1)(b)(a)1. and 2., shall report the requested information to the Office. The reporting shall be submitted with such frequency and for such areas as set forth in the Order. The applicable coverages are:

1. through 2. No change.

(c)(b)1. Insurers shall electronically submit the data required for each reporting event. Required data may include ~~but is not limited to:~~

a. Policies in force;

b. Claims reported ~~Total insured value of policies in force;~~

c. Open claims with payment ~~Number of claims reported;~~

d. Open claims without payment;

~~e.d.~~ Claims closed with payment;

~~f.e.~~ Claims closed without payment;

~~g.f.~~ Number of open claims;

~~h.g.~~ Percent of claims closed;

~~i.h.~~ Paid loss excluding loss adjustment expense;

~~j.i.~~ Paid allocated loss adjustment expense;

~~k.j.~~ Case incurred loss excluding loss adjustment expense; and,

~~l.k.~~ Case allocated loss adjustment expense.

2. No change.

##### (2) Grace Periods and Temporary Postponement of Cancellations or Non-renewals.

(a) This subsection applies to all property and casualty contracts of insurance subject to regulation under the Florida Insurance Code including: Subsection (2) of this rule, applies to all contracts of property and casualty insurance and other contracts that are subject to regulation under the Florida Insurance Code and not governed by subsection (3)

of this rule, including:

1. No change.
2. Premium ~~finance company~~ ~~Finance Company~~ contracts.

References in this subsection herein to “policy” or “contract of insurance” includes all property and casualty contracts regulated under the Florida Insurance Code. References to “insurer” include all regulated entities issuing these contracts.

~~References herein to “policy” or “contract of insurance” includes all agreements regulated under the Insurance Code.~~

(b) through (c) No change.

(d) During the dates specified in the Order, no insurer or other entity regulated under the Florida Insurance Code shall cancel or non-renew, or issue a notice of cancellation or nonrenewal of, a policy or contract of insurance covering a, property or risk in the referenced areas as specified in the Order, except at the written request or written concurrence of the policyholder.

(e) through (q) No change.

(3) Grace Periods and Temporary Postponement of Cancellations or Non-renewals.

(a) This subsection applies to all life and health contracts of insurance subject to regulation under the Florida Insurance Code including:

1. through 2. No change.

3. Premium ~~finance company~~ ~~Finance Company~~ contracts associated with life and health contracts.

References in this subsection herein to “policy” or “contract of insurance” includes all life or health agreements regulated under the Florida Insurance Code. References to “insurer” include all regulated entities issuing these agreements.

(b) through (c) No change.

(d) During the dates specified in the Order, no insurer or other entity regulated under the Florida Insurance Code ~~insurance code~~ shall cancel or non-renew a policy or contract of insurance or issue a notice of cancellation or nonrenewal on a contract of insurance covering a person in the referenced areas as specified in the Order, except at the written request or written concurrence of the policyholder.

(e) All notices of cancellation issued or mailed within ten (10) calendar days preceding the date specified in the Order, affecting a person in the specified areas, shall be withdrawn and reissued to insureds on or after the date specified in the Order.

(f) No change.

(g) Except as provided in paragraphs (3)(e) and (f), with respect to a notice of cancellation or nonrenewal which, but for this rule, would have taken effect during the dates specified in the Order, such notice is not made invalid by this rule; however;

1. The insurer shall extend the coverage to and including the date specified in the Order, or a later date specified by the insurer; and

2. No change.

(h) Retroactive cancellation due to non-payment of premium:

1. For health policies or contracts, an insurer or other regulated entity that was unable to cancel or non-renew a policy due to the operation of this rule, may upon proper notice, cancel or non-renew such policy, effective on the date the policy would have otherwise been cancelled or non-renewed, in the event the insured has not paid outstanding premium due. For all other policies under this subsection, an ~~An~~ insurer or other regulated entity that was unable to cancel or non-renew a policy due to the operation of this rule, may upon proper notice, cancel or non-renew such policy, effective on the date the policy would have otherwise been cancelled or non-renewed, in the event the insured has not paid the outstanding premium due.

2. No change.

(i) through (q) No change.

This subsection does not apply to major medical health insurance policies subject to regulation by the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, and regulations adopted pursuant to those acts, to the extent this requirement would result in a violation of federal law.

*Rulemaking Authority 624.308, 627.7019 FS. Law Implemented 624.307(1), 624.319, 624.424, 627.7019 FS. History—New 6-12-07, Amended 7-30-17, \_\_\_\_\_.*